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ABSTRACT

The 1970 seminar of the Mountain States Regional Medical Program, Wyoming Division, focused on the development of continuing education programs for health workers in Wyoming, a sparsely populated State. Specific seminar objectives were to: stimulate interdisciplinary planning for continuing education, develop continuing education planning groups in community hospitals, and examine educational implications drawn from a previous State continuing education survey. The document contains presentations of seminar speakers and related general discussion: Arthur Burman, Professor of adult Education, University of Wyoming on "How Adults Learn"; Glenn Jensen, Professor of Adult Education, University of Wyoming on "Similarities and Contrasts of Adult Learning"; Alexander Anderson, M.D., University of illinois Medical Center, Chicago on "How Adults Learn in Groups"; and Donald L. Erickson, Mountain States Regional Medical Program, Educational Research and Development on "Program Planning for Continuing Education". Transcripts of the small work groups (critique of educational plans, analysis of plan with highest score, and video taping for learning and evaluation) and the closing session also are included. The seminar evaluation form and its analysis, the pre-post test and its analysis, seminar program, seminar objectives, a personal inventory, checklist and outlines for program planning, and budgeting information are appended. (EA)

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LEARNING HOW TO LEARN

Know-Why and Know-How Seminar on the Process of Continuing Education

FEBRUARY 12-14, 1970
LARAMIE, WYOMING

Edited by

DONALD L. ERICKSON
and
MARTHA M. NICHOLS

WICHE - MOUNTAIN STATES REGIONAL MEDICAL PROGRAM
WYOMING DIVISION
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FOREWORD

Developing continuing education in a sparsely populated State, such as Wyoming, faces problems of distance, transportation and limited resources. Continuity of programming is highly dependent on the initiative and educational abilities of practitioners making up the target audience. Unless Wyoming health workers are actively and intimately involved in the entire process of planning, implementing and evaluating their C.E. programs, statewide and local educational efforts will be largely hit or miss and possibly irrelevant to their patients' needs. With a view toward increasing local capability to design educational programs, the Seminar described within these pages represents the first in a series of educational training seminars sponsored by WICHE-MS/RMP-Wyoming.

The Seminar departs from traditional continuing health education programs. Most programs are discipline-oriented, while the Know-Why and Know-How Seminar on the Process of Continuing Education was conceived and carried out as an interdisciplinary effort. Seven health professions made up the target audience. If health professionals work together it seems reasonable that they should learn together.

The Seminar stressed learning "how to learn" rather than "what to learn". The casual reader of these proceedings will observe the frustrations of participants struggling with the freedom to direct their individual learning and their reluctance to take responsibility for selecting appropriate learning experiences.

Health workers are generally pragmatic and tend to seek ready-made answers to problems. Learning how to learn, however, focuses on the process of solving problems rather than the problems solved. The learner is responsible for assessing his needs, determining learning objectives, selecting activities to meet his objectives, and gathering evidence to measure achievement of his objectives. Under these conditions, the role of teaching is one of facilitation of learning, not directing what is to be learned, but providing a climate for learning to take place.

WICHE-MS/RMP would like to acknowledge Dr. Charles Cooper, Coordinator, Institutes and Conferences, University of Wyoming, for his assistance and coordination of local arrangements for the Seminar.

Donald L. Erickson

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INTRODUCTION. . . . . GRIZZLE*

We are very pleased that you are here today. It is our hope that the expectations brought with you to this Seminar will be met in some degree regarding ways and means to develop continuing education programs close to home. From a broad perspective, there are three points I would like to make: one, we need to foster cooperative planning for continuing education; two, we must keep in mind the time demands of the busy practitioner; and three, we should seek interdisciplinary sharing of ideas.

In 1965, in order to provide an approach for improving health care, Congress passed Public Law 89-239. It provided monies by which professional staffs and supporting staffs could be obtained, and provided the means to support "people activities" in planning, to secure consultation, and to support operational programs, projects and activities. It focused upon three categorical diseases - the three high mortality and morbidity diseases of heart disease, cancer and stroke. By focusing on these diseases, it became possible to grasp a concept for improved patient care in these areas and to manage something tangible of high public interest and need, as well as something of large patient volume for those in the health occupations at all levels.

At our inception here in Wyoming, we joined the national program as the Mountain States Regional Medical Program. We began by participating in regional planning, because we knew how few of us there were and the vast distances we would have to cover in order to devise ways to improve patient care for those afflicted in these three disease categories. After surveying our strengths and weaknesses in terms of available health professional manpower, facilities, existing health educational programs and institutions, it was apparent that if we were to be effective in this Mountain States Region, our approach and thrust should be through continuing education. What better way is there to improve patient care than to work to provide the knowledge about "how-to-do-it" for those health professionals in the field who meet and treat patients on a day to day basis? If those of us who are here work toward developing continuing education programs, I'll wager that we will simultaneously develop cooperative arrangements to get the job done, which in turn will strengthen our continuing education programs.

Thus, the first and main idea is to emphasize the use of continuing education to help develop cooperative arrangements. By this I mean bringing the resources of an area to bear on health problems. It is accomplished by having people, health professionals, sit down together to work out plans to concentrate their talents to improve patient care in the area where they live. By planning themselves, the people of an area or region determine what their cooperative arrangements will be to work toward solutions of health problems they have identified. Equally important, they will be able to determine what is priority for them and how they wish to direct their efforts.

The second point to emphasize is the health practitioner. First and foremost, acute and current patient needs and demands must be met. After all, this is our purpose to provide increasingly better patient care. In our efforts to devise ways to improve patient care, we cannot and must not abandon current patient needs in planning for some future time. In short, we must not waste the health professional's time and efforts on idle exercises for he could be offering his services to his patients during this same time. On the other hand, it is the health professional who is the one on the firing line and who deals directly with patients and their problems. It is he who is most closely associated with patient needs and who is in the best position to translate patient needs into programs he needs to render better patient care. Hence, the health professional is essential to the planning process for continuing education for programs for better patient care. However, he needs help from those in the educational field regarding "Know-How" and the process of learning for putting on continuing educational programs.

---

* Claude O. Grizzle, M.D., Wyoming Director, WICHE-MS/RMP

The third point is that in this State we are very discipline oriented health professionals. Each group is most interested in its own field of activity. The work load and the very nature of our unidisciplinary problems tends to make this so; this does tend to enforce interdisciplinary fragmentation. For instance, if a basic education course in grade school does not induce its students to use the learning process and knowledge in other areas, such as spelling for other subjects as social studies or English, then the process falls short of what it intended to do. Similarly, among the health occupations. "Know-how" and mutual knowledge should be shared in a continuing way. In this way, I believe, we can be more effective as health professionals in rendering better patient care.

It goes without saying that many of us who are here will have to become teachers as well as doers if we are to launch continuing education programs. However, if we begin through this Know-Why and Know-How Seminar to relate with other health professionals in this area of the Mountain States, then to plan for programs of mutual needs, we will take a major step forward in Wyoming.

INTRODUCTION TO PRE-TEST. . . . . ERICKSON

The people who helped plan this Seminar were: Dr. Hickman, Liz Escobedo, Paul Vencill, Margaret Smith, Dr. Haller and Sheryl Flynn. We got together about three months ago and had a brainstorming session, if you will, as to what we might do to improve the continuing education capabilities in our State. We felt a need for us to learn how to plan continuing education programs, how to evaluate them, and how to identify needs. So we designed this Seminar to look at general principles of adult education and adult learning and how to design continuing education programs. I'll get into specifics in a few minutes.

We'd like to ask you to take a paper and pencil test*. It will help us to obtain baseline information about your knowledge of educational process and concepts of learning. Also, the test will provide a framework of what to expect in this Seminar. We will allow about thirty minutes for you to complete the test. This is an anonymous test - we need not know your name. We'll also take the test again at the end of the Seminar. For identification purposes, so we can compare Pre and Post tests, we would like you to enter your birth date on the test.

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* See Appendix A, pages 74-78

DISCUSSION OF THE PRE-TEST

ERICKSON....Participants in an educational experience should feel free to give feedback to the planners of the course - simultaneously, spontaneously and at various times in the Seminar. Therefore, feel free to express concern, ask questions about what's going on, or volunteer information you think is important for us to know. I am particularly interested at this point to have any reactions that you might have about what we just did. We had a Pre-test in order to get baseline information on how much we know. We'll take a Post-test at the end. Before you leave we will give you the correct answers. The Pre-test was designed by me. I asked the faculty members for appropriate questions and put them together. It looked rather awesome - six pages in all. I would like your reactions.

QUESTION....Is this a technique you use in other type learning programs? Is this something you experts recommend as far as something you should include in programs?

ERICKSON....There are a couple of reasons for doing a Pre-test. One, it gives participants the opportunity to see what's coming - sort of an advanced organizer. In a sense it is a motivational tool. Educators who are interested in evaluating what happens in an educational experience see it as a comparison tool of the before and after. Anyone like to add to that? Feel free to add at any time. We will also ask you to give us your emotional reactions. At the end of the Seminar we'll have a short reaction form for you to fill out.

QUESTION....You said that you would give the correct answers but quite a few of those things were just opinions or attitudes we have about things. How can you give correct answers to these?

ERICKSON....That's a good point. Some of the statements in Section A really are not correct or incorrect. It depends on an individual's attitude. There is general agreement among educators about what the answer should be. People should disagree with this particular statement or agree - that's why we had the introductory statement on there. But you are quite right - there really isn't a correct attitude. It depends a good deal on your values.

ANDERSON....Don, two other things occur to me that might be reasons for using Pre-tests. One is that it helps the teacher or program planner make up his mind about what he thinks is important before the program starts and then secondly, I think if it was used wisely, it probably would allow some people to get credit for the course without having to take it. If you take a Pre-test one would think that if you had all the correct answers before the course started it wouldn't be necessary to sit through it.

ERICKSON....I think it is important in testing of this sort to keep it anonymous. We don't need to know who is providing the information. It is mostly for your education. You're the ones who are experiencing what is going on and you're the ones who are doing the learning.

QUESTION....The test - would it make a difference the kind of course that you're talking about. For example, if you were working with a group of nurses and asking them serious, technical questions, it might be they would be reluctant to answer them because they suspect they are supposed to know the answer whereas here we are dealing with a topic which few of us know anything about and we can be comfortable in our ignorance.

ERICKSON....We might ask a nurse to respond to that.

COMMENT....I took a Pre-test Monday in rehab nursing. It was on rehab nursing skills and I felt pretty dumb because I've had a rehab nursing workshop before and a lot of these things I'd forgotten. It was anonymous. I went ahead and filled it out and then I didn't stay for the Post-test. I think most of the people there felt rather stimulated by that Pre-test. It really knocked them into the mood of the whole thing very rapidly and they were eager to come out better on the Post-test.

COMMENT....I think the question of anonymity would depend upon the course being taught because in a selected type of course you would hope for a lot of faculty guidance for individual students.

ERICKSON....If we were to follow-up an earlier comment, we should now analyze it and see what level of knowledge we have as a group and as individuals. Pre-test analysis was not designed into this Seminar, but I think it is important to remember. Testing should not be used solely for evaluation purposes. Its functions are to assist the individual in his learning and to assist the instructor to facilitate learning.

If there aren't any other questions, we might move on to the next item on our Agenda. I would like for all of you to pull both your Program Outline* and your sheet of Goals and Instructional Objectives.**

PURPOSE AND OBJECTIVES OF SEMINAR . . . . ERICKSON

First, refer to the Goals and Instructional Objectives sheet. To give you background, two years ago some of you were involved in a series of Discipline-Oriented Study Group Meetings. At that time we were meeting with small groups throughout the State to allow health personnel from community hospitals to react to the survey data we collected about continuing health education needs in the areas of heart disease, cancer and stroke. We identified a number of content needs in the clinical area. I also thought at that time that there was an expression for programs of this sort like we are having now - to learn how to plan educational programs and how to improve teaching skills.

In the past six months I have been giving some thought about how the

* See Appendix B, pages 79-82
** See Appendix C, page 83

Regional Medical Program might work with the health workers in this State to improve their capability to put on continuing education programs, particularly, how to plan at community levels. I formed a planning committee composed of those mentioned earlier. One was from each discipline represented here today. There are seven disciplines participating in this Seminar. I expressed my thoughts to this group and they said, "Let's go ahead - let's plan a seminar." Together we revised the outline three times.

We invited participants from five geographic areas: Cheyenne, Casper, Laramie, the Sheridan area, and the Big Horn Basin area. We felt that individuals coming from these areas would have opportunities to implement their new learnings when they returned home.

I submitted a list of goals and instructional objectives, which you see on the sheet before you, to the planning committee. The goals are Regional Medical Program goals for continuing education here in the State. The first one: to stimulate interdisciplinary planning for continuing education. There has been a good deal of talk about the desirability of health workers working together on common problems.

The second goal: to develop continuing education planning groups in community hospitals. We are hopeful that you will be willing after this course to consider ways that we might follow-up in planning continuing education programs in your community and hospital areas.

The third goal: to list educational implications from our continuing education survey that we conducted a couple of years ago. Anyone here not familiar with our survey? Okay, briefly, two and one-half years ago through a mail survey, we sent questionnaires to eight health disciplines including the groups here today, plus licensed practical nurses. We asked a number of questions about professional activities, more specifically, their continuing education needs. We asked them about educational methods and what they wanted to learn in their given discipline area. We haven't done much with the data collected, therefore, we would like to share the report and the identified needs with you. We want your assistance to pinpoint those needs which are most important. Later in my run through of Seminar activities you will see how we are planning to use the survey information.

As far as Instructional Objectives*, there are six in number; rather than reading them to you, why don't we take a few minutes to look them over. If you have questions, please bring them up.

These objectives then gave the planning committee a framework to build a curriculum and recruit faculty.

Let's review the Program Outline.** If there is something here that you don't quite understand, feel free to ask a question about it......I went through the Outline rather quickly. If you have comments, questions, complaints - feel free to direct them to us.

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* See Appendix C, page 83

** See Appendix B, pages 79-82

QUESTION....Why so much time for discussing objectives and the program?

ERICKSON....Adults learn best when they are aware of and understand the objectives of an educational program. For this reason, an extra amount of time will be allowed here for clarifying the purpose and the objectives of the Seminar. Now I've done quite a bit of the talking about objectives. I don't really know if you accept or understand the objectives at this point.

COMMENT....I'm pretty lost. We've been here an hour and a half. All we've done is take a test and learn where we're going to go which I knew before. We read this, which I've read before. Now let's get into the meat of the thing.

ERICKSON....Okay. Anyone else have reactions? Are you ready to get into the meat of the thing? Would you like to take a break before we get started?

HOW ADULTS LEARN. . . . . BURMAN

Hopefully, this seminar will challenge the imaginative and creative powers of each one of us as we look at educative planning and designing. I have construed my function to be saying things to encourage and stimulate our thinking in this regard.

Underlying continuing education is the notion that people generally can make far greater use of their learning abilities throughout life than has been the case historically. It is because of this notion that professional efforts in the field seem to be characterized by a desire to free peoples' thinking from fixed notions concerning the educative process, stressing its adaptiveness in using it in more flexible ways and for more varied purposes during adulthood.

A LOOK AT SOME BARRIERS TO ADULT LEARNING

Seemingly something tragic happens in a psychic way to a great many of us between childhood and adulthood. Young children generally impress me with a very active curiosity about self and their world of experience in general. They touch, feel, inquire -- with the darndest questions. Many of us seem to lose these qualities which are so vital to learning along the way.

They tend to be replaced by behavior patterns which serve to restrict or stifle potential learning and growth during the adult years. The origins of some of these impediments seem to lie in our socio-cultural world, while others seem to be more individualistic in nature. The following are some such barriers which make it difficult for adults to become excited about educational pursuits:

The notion that education is a terminal process which underlies much of our educational organization and practice, nurturing in turn the notion that an individual can in actuality "know enough".

The stress upon mastery of prescribed knowledge and skills and the virtual exclusion of the motivating concerns of learners from the educative process, fostering the notion that education really is not an integral part of life.

A distorted picture of the educative process as something which must be restricted to a formal classroom setting and with formalized approaches to learning.

The picture educational planners often have which leads them to design programs to please planners rather than to serve prospective learners.

Prior educational experiences and continued exposure to the "school of hard knocks" which has conditioned many of us to the negative use of our intellects in terms of justifying existing patterns of thought and action in contrast to efforts directed towards building upon and expanding them.

A conditioned dependence upon authority figures to structure the nature and scope of educational experiences which has fostered a sense of irresponsibility in regard to directing our development as citizens as well as persons.

A restricted picture of ourselves which often excludes an awareness of latent capabilities and potential for growth during adulthood.

The socio-cultural emphasis upon the "successful person" which encourages us to deny personal inadequacies to our own self, to say nothing of trying to conceal them from others.

The conditioned fear of educational activities because of the potential risks involved to our self-esteem in the sense of being "set down", not performing as ably as others, not being accorded dignity and respect.

A generally inadequate understanding of the educative process, the nature of learning as well as our behavior in learning situations.

Julius Steelman of the World Institute headquarters in New York has written that:

> "No man has the right to look at himself or another as being without great potential. Man has latent, infinite creative abilities to be developed."

I should like to add that any realistic picture of us people seemingly must include our capabilities for becoming increasingly able, resourceful, responsive and constructive personalities as we live our lives.

There are, for instance, many facets to every human being, and each facet seems inter-related and interactive, forming a composite picture of a person's overall stage of development at a specific moment of time in his or her life.

Thus I tend to picture each of us as being at some point on a developmental continuum or grid as follows:

GROWTH CONTINUUM

Emotional development ————————————→ infinity

Intellectual development ————————————→ infinity

Social development ————————————→ infinity

Spiritual development ————————————→ infinity

Occupational development ————————————→ infinity

Over-all development ————————————→ infinity

I might say here, as all of you know, that while the growing up process never ends, people can and do stop growing up. Probably all of us are victims of arrested development in one or another of these areas; and arrested development in one area may well serve to stifle our development in others.

Thus, it might be helpful to keep our perspective focused upon the overall growth capabilities of people in relation to educational programming.

Moreover, I believe this way of looking at ourselves and fellow human beings tends to underscore the notion that all of us in actuality have a great deal of learning and growing to do into our twilight years. This self-realization, to me, is what gives meaning to continuing education.

A DEVIANT LOOK AT LEARNING

My work and research with adults has led me to the conclusion that learning as such is a personally rewarding and satisfying experience. This, of course, tends to run counter to popular notions about learning, but I believe this is because of some prevalent misconceptions about the process itself.

For instance, our thinking has been dominated through the years by the notion that the educative process is primarily a "receiving" process with learners serving as rather passive recipients.

Too often, we have slighted the "perceiving" aspect of learning in designing educational activities. This is a phenomena which occurs within an individual, is shaped by prior learnings, and governs the admission into conscious awareness of new and conflicting data and points of view. It is as significant in the mastery of skills as it is in other learning endeavors.

Finally, practicing educators have been handicapped in their work by theorists who persist in efforts to equate conditioning with learning. Inasmuch as these phenomena have been arbitrarily integrated, I have taken the liberty of arbitrarily separating them for both research and applied purposes. I question whether they are in fact similar.

To me, learning is a conscious, self-directed process which occurs within an individual at his, or her, discretion, resulting in a modification of one or more facets of existant behavior. Moreover, this process engages us emotionally as well as intellectually as it moves through a cyclical pattern, consisting of:

1. concern
2. frustration
3. confusion
4. exploration
5. discovery
6. integration

Unfortunately, in designing educational activities, we have tended to ignore the cyclical nature of learning; thus, learners seldom move completely through the cycle and acquire feelings of dissatisfaction or boredom from their educational experiences. In many instances, they simply become adept at bantering words about which later become shields to ward off actual learning.

The notion that each individual manages and controls what he, or she, will learn and when, should occasion no surprise among educators. We have been aware of this factor for a long, long time and have sought to control it by the use of external threat in the form of grades, tests and gold stars as well as compulsory attendance laws. Such approaches, however, have been less than satisfactory when applied to adults as you well know.

Thus, we need to look beyond coercive measures to involve and retain mature persons in education activities. Quite frankly, I suggest we look more closely at the relationship-communication matrix present in our learning groups. More specifically, it might be well if a greater portion of our professional energy were directed into creating conditions which tapped the natural inclinations of human beings to learn and grow. Perhaps a closer look at these conditions are in order.

CONDITIONS FOR EFFECTIVE ADULT LEARNING

We are like trees in some ways. There is a spontaneous urge within us to be continually branching out - a spontaneous desire to grow sturdy inside - and a spontaneous seeking of a place in the sun - so to speak. And also like trees, we require favorable conditions in order to grow and flourish. Otherwise, like trees, we tend to become stunted, warped and gnarled.

The conditions of which I speak, for the most part, have been absent in our lives, irrespective of our socio-economic background. Their absence has resulted in our settling for much less than we might be - individually and as a nation. It is for this reason that I do not think we really have given ourselves, or one another, a chance.

1. A learning experience must be personally meaningful if individuals are to become actively involved in it.
    a. This calls for content which evolves from the genuine, actualizing concerns of learners and for learners to actively share in shaping the context in which it is to be studied.
    b. It is our individualized concerns which give rise to educational needs and from which motivation to learn stems.
    c. Matters foreign to our personal worlds of reality seem to generate little spontaneous action in us.

2. We require an understanding and supportive social climate in order to learn and grow.
    a. This calls for the active affirmation of differences among individuals and to actively uphold the uniquely personal way an individual feels and thinks about the matter under consideration.
    b. None of us are inclined to let others know what really is on our minds if we sense that it will lead to being ignored, or rejected, or misunderstood, or belittled, or attacked.

c. All of us are delicate creatures and need to feel that our individual concerns will be accorded due respect and dignity before we are apt to make them known in educational settings.
d. Likewise, the more free we feel to make known our individual concerns, the more involved we tend to become in the learning situation.

3. We need to feel free to communicate honestly with our own selves and with our fellow human beings.
   a. The prevalent practice of communicating to our own self and to others what isn't so, simply directs us to a blank wall where so often we sit spinning our wheels.
   b. The conditioned fear of being honest with ourselves and our fellow learners has tended to restrict educational content to abstract, impersonal or irrelevant matters.
   c. If it is understanding that we seek, it should be borne in mind that a simple, honest statement is the shortest line of communication among people.

4. We require a functional understanding of the nature of learning and of our behavior as learners in order to make effective use of the educational process.
   a. We are products of a socio-cultural environment whose spokesman have been generous in telling us what to learn, but for the most part, have overlooked our need for discovering how to do it.
   b. I happen to feel that we cannot learn or do anything else very well unless we are consciously aware of what it involves and what is going on. In this way, we can free ourselves from the misconceptions and conditioned fears which have kept many of our positive qualities submerged.
   c. We normally do best those things which we know how to do. I do not think learning is any exception.

IMPLICATIONS FOR PLANNING CONTINUING EDUCATION PROGRAMS. . . . . . . PANEL

BURMAN....One thing I would like to say is for those members of the panel to relax and hang loose. I think we should take a few minutes for the panel to respond and then open up for general discussion. We need to focus on implications. What are the implications in terms of educational programming in the back home situation. Rod, you wanted to start us off and perhaps we can give the ball to Dr. Ghicadus and Mrs. Patrick in turn.

CHISHOLM....First of all, I am a little disappointed. You warned us in the beginning that you had no pat answers for us. I think this may be one learning because it's very frustrating. All the things you said I think opened our mind to some of the things that are involved in learning. I'm still very confused and frustrated as to what we can take back, especially when you tell us that people have to understand this process of learning before they are really going to learn. This, of course, poses a problem as a planner. I'm glad I'm getting in on it. I think maybe I'll be a better learner at programs.

But when it comes to planning programs and setting up programs and trying to get people involved in these programs, I don't see how we are going to get this information down unless perhaps we give this course on learning. I think from a personal standpoint and certainly evaluating our own reasons for being here and being involved in this education type program, I think this is good, but I'm still confused and I think if we had gotten this all settled in the first two hours we wouldn't need the next two days. These are my concerns and the way I feel about what we heard today. I have enjoyed it but I don't know how I am going to get this back to my committees. Like I say, you warned us at the beginning that there were no pat answers. You pointed out we want to be spoon fed and like to have a pat answer here - do this, do that, do this. I certainly have learned from what you have said.

QUESTION....Could I say something, Dr. Chisholm? In our group, the same ones come and the same stay home. I ran into one thing I think, and I don't know whether Dr. Burman has covered it or not, and this is the actual act of learning, if there is such a thing. A lot of these guys are ashamed that they don't know what they should know about the subject matter on a primary level and so they don't want to show their ignorance by going. They want to learn but they ask what the guys that are well above them have learned. They think, doesn't that guy know that he should have learned that in school. I think that we are going to have to get back to these guys that we are not trying to force a bunch of high uppity stuff down their throats and this is actually good material that we are bringing to them. You follow what I mean? They are saying that they don't know. I think that if they understood the learning process like we have had it presented here, they wouldn't consider this as a reason to stay away.

GHICADUS....I enjoyed your presentation very much and was probably here 99% of the time or more. I made some marginal notes as you went along. First, having to react is kind of a barrier to learning, but I wish this sort of thing might have been presented 15 years ago when I was a student. I wonder if it could be presented to graduating students, pre-medical students or maybe in other professions, too. They told us and we were aware that when we graduated that learning wasn't a terminal process. I guess I didn't realize at that time how hard it would be. I strove very hard for another five years. I found myself getting further and further behind. So I think something like this promoted to students might be of value to let them know how the educational process is going to have to be ongoing.

I made a note here about dogmatism being comfortable. I am referring mostly to Medical Doctors that once something is established or believed it's pretty hard to pry them loose. In a sense this dogmatic belief is a very comfortable thing to retreat into. We have to pry and dig to get doctors to do something new. Maybe it violates something that they hold as a long standing tradition. It is much like trying to argue about protestantism, catholicism or something like this. To give a very good example of this, when Semmelweis was promoting antisepsis. It wasn't accepted and I guess he died a pauper. Now, of course, he is very well received, his ideas are well considered, but at the time they were not. There has been some rigidity and inflexibility in the medical profession to accept new beliefs. Further, if one recognizes one deficiency educationally, or in terms of his profession, then this tends to be sort of self-deprecating and this is kind of a dangerous position to be in. Maybe I'm getting into too much psychology, but a doctor is a pretty egotistical person and frequently feels himself rather omnipotent. If he doesn't feel he knows everything, and if he admits this, then this can be ego-destroying.

There are also physical barriers to learning such as geography - like here in Wyoming. I had an invitation to go to Cheyenne for a meeting one Saturday but simply couldn't make it because of the nature of the roads. There are a lot of geographical physical barriers to educational processes here.

We attempt to critique the work of doctors via their hospital records. Although we do critique surgical procedures, as yet we have not found a successful way to audit medical care. In fact, we find that when this is even approached it becomes a threat to the doctor. He thinks a committee, even though it is composed of his peers, is telling him how to practice medicine or that his medicine is inadequate. I don't know exactly how to explain what his retreat is from. All the audit is trying to do is get better patient care. The doctor has some misunderstanding, he feels he is being put upon or his judgment is being questioned so the criticism does not become constructured.

There is a problem of keeping up. After awhile there comes a point where you almost give up. You start piling the journals in the wastebasket or in a closet. You might bind them so the people will think you read them. It is so frustrating. There is a plethora of information anymore. I once took a rapid reading course, but it didn't help much. I am still a year behind in the medical journals. There has to be some way not to duplicate material in journals, not to duplicate things in lectures or seminars, or not to make them so inane that there is no material to it.

Speaking to a point about the narrowness of the occupational portion of your training process, I don't know anything that can be more narrow than medicine where approximately seven years you devote to biological sciences. I think the majority at some point would be very willing to undergo some other educational process but there is just simply not the time. We would like to take more humanities or political science. There is just not the time. I don't know if curricula can be changed or not. We have proficient doctors being turned out of schools and then when we are out in practice they tell us that we are not interested enough in environmental health, sociology, political science and psychology and all the other things that we have never been exposed to -- so frustration # 25.

I would like to ask the question about the educational process. At what stage or age can you change the balance between educator and the learner? Is there a critical time when the educator and learner can become equated? Would it be in junior high school, high school, in college - where does this process begin?

BURMAN....In what sense?

GHICADUS....Well, we were talking about being the omnipotent educator in giving out the information and we are the passive recipient and this implies that there is something to be changed and where does it change? Also, my last thought, we still look for a prototype or a pattern. We have been taught to respond in a fashion that we quickly find the expedient or comfortable. You get to know a professor and you know what answers he wants on a test. It goes back to the threat and reward system. We know that if we answer the questions the way he wants, that's good, that means good grades - maybe even getting into medical school. Once you are there these things are not so much of a problem. That was all I had.

BURMAN....Anybody want to respond?

COMMENT....Yes. With all due respect to Dr. Ghicadus, frequently the omnipotent doctor tends to take his anger out on paramedical personnel. They treat them like maids or janitors. We are supposed to be an integral part of the medical team and yet they treat you like you're dirt. There is never a kind word said. You aren't allowed to ask a question even for your own knowledge. You are not questioning them in the sense that they have done something wrong. You are asking why it was done simply so you will know the next time what you are looking for or why.

GHICADUS....I don't know if I can answer that. I certainly know what you mean....surgeons throwing instruments in the usual sort of prima-donna-ish way. A lot of these things are sort of traditional. I mean they have been so traditional and the younger doctors have seen it and they think they can act like this and I think maybe they are acting against their own principles by doing this. There are a lot of ways to explain it away although it is not justified. I think if I could let out a secret, doctors are human and sometimes are insecure. This is not a sensitivity group but I'll answer it if you like.

Medicine is not really as dogmatic as we would like it to be. There are a lot of ifs, ands and buts. I think the physician basically is kind of insecure a lot of times about the motive of the treatment. Well I don't know. There might be some other psychological answer, but they are really probably not that mean. I think it's kind of a pecking order and this exists in all kinds of animal structure.

COMMENT....I think a certain amount of authoritarianism is necessary. Being a young dental practitioner, if I mentioned to a patient, giving him all the statistics behind it, "according to one author you've got probably a 45% chance of having this one saved, and according to another author if we do it this way, perhaps you have a 65% chance," he would go to somebody who would say it was going to be 100% successful. In other words, if I was going to have a neurosurgeon work on me, I would like to have someone that has some confidence in himself rather than tell me all the percentages in the cases and things like this.

COMMENT....You have to face your inadequacies in private. This is something we learn hard. The person that is very omnipotent exerts his ego - makes the decision for the patient - right or wrong. If you equivocate, even though justifiably, then the patient, like you say, mistrusts you. You are being honest intellectually, but he distrusts you.

BURMAN....I think that it isn't just in the medical profession that Dr. Ghicadus mentioned. Being in the educational profession, we have a pecking order, too. For example, in the public schools from the school custodian and the lunchroom cooks on up to the superintendent, you have a pecking order. We surely do here at this institution. These things, of course, are not irrelevant to this seminar. I think there comes a time perhaps when we need to be looking, too, in terms of a specific point, shedding the various hats we wear and be human beings. I think in a learning setting we should share our hats and be human beings. We come in all sizes, shapes, colors and behavior patterns. I'm sure that applies to physicians as well as to all the other people in the health professions and all the other areas of activity, so I would say that there is a relevance here in terms of this seminar. Perhaps we ought to hear from Mrs. Patrick and see where that takes us.

PATRICK....One thing in your discussion that really disturbed me a great deal was the concept of growth. I think Dr. Ghicadus felt this, too. That we're so busy with our occupational growth, so to speak, our professional growth, that we push everything else behind us. People are pressured by many problems. Adults have families, they have jobs, they have requirements, they have needs for social continuation and yet we are all filled with a number of things we must learn. We have to establish priority lists. The minute we decide one thing is most important then we're hit on the head with something else that we should learn first. I think part of this is certainly our own fault for not continuing our occupational growth along the way. We've let it stop while we've tried to let the rest catch up, and we're just not a whole person because of this. I don't know how everybody else feels about it.

BURMAN....Based upon what's been done, I think maybe you speak for most of us in the room. I know this is true what you say about pressure. We need to open up this process of education. In my field we like to tie people down for two hours a night for ten weeks. I think we have to simplify the dissemination of information some way which can relieve some of the pressure we feel on keeping up. This doesn't help very much, but I'm so sympathetic with those people and our time binds, that I would like us, if I don't do anything else this afternoon I would hope I would provide some encouragement for us to hang loose in terms of our educational structure - that it doesn't have to be X hours per X amount of time. There might be many more fluent ways of doing this. I have no pat answers on this and even if I had them I wouldn't want to give them because I would like to see this as a growth experience for all of us in trying to figure out these things.

Don, I have to ask directions from you now in terms of some implications here. I feel a little negligent here in regard to for instance what Rod said. Then, of course, the question was asked about the critical time element when the learner and educator could become sort of equal. This is a question that's not simple to answer in terms of time. But what I haven't said, for instance, was that when I discussed growth I was not meaning to be demeaning in terms of the task for you people.

As I understand it, you are to zero in on some of the educational needs identified in the WICHE MS/RMP study. I think this is realistic and so I don't want to be misunderstood that I would demean these, this effort, or Seminar because that is important. I simply put the whole picture up there to give us more to think about. A second thing, I think that has been brought out here, we've got to make decisions on what is important in terms of needs. We need to make decisions on how to use the experts and resource people. These are some implications I see. We've got to reach people meaningfully if we are going to really involve them educationally. We've got to reach them meaningfully on a content level if we're going to involve them, and it seems to me that this would be one implication of what I've been trying to say.

I think another implication of what I'm saying is that people are individuals and they are not going to behave the way somebody else expects them to. Not always are they going to take or get excited about this particular educational activity. Some are and some aren't. I think we've got to be realistic about this, but does that mean we have to bad mouth those who don't.

I hate to get off on a grind here, but these are some of the implications. We should approach all tasks as learners. Again without pat answers, I was encouraging us to take a look at ourselves as learners in this area because we can discover a lot of things that we don't know. I'm saying that you're going to have frustrations but you're going to have some good effects, too. I would stress being open and looking at learning in a creative way rather than a hard and fast way. Specifically, if we are going to get every physician in community X to spend the next three Tuesday nights looking at this, I hope we can use more imagination. There are other ways of getting people involved and excited about learning. Some of my best have been over a cup of coffee in more than one situation.

I would like for people to be learners all of the time. I don't even use the term "teaching" in my vocabulary because I don't believe there is such a thing. I honestly don't. Of course, there are authorities, that is authorities of knowledge in particular areas, but teaching in my book doesn't exist. It's learning. Certainly in learning certain things like in medical school, for instance, there has to be some people around who can explain and funnel in new concepts - new ways that the learners aren't aware of unless it is funnelled in some way. So there's a place for knowledgeable experts and there is a place where they should interact with learners. This is the educational engineering that I find so delightful.

Don, we never got any real implications.

ERICKSON....Well, I think we did. I think there are a number of implications bandied around here. You have provoked our thinking and established a foundation for the remainder of the Seminar. We will reconvene at 6:00 at Knight Hall. I would encourage you to keep thinking about the implications of what we've been talking about as we go through the Seminar.

SIMILARITIES AND CONTRASTS OF ADULT LEARNING. . . . . JENSEN

I'm certainly happy to be a part of your program. I think you should be commended for even talking about this topic because to me it's the most important thing in the world.

I'd like to introduce the topic of "How I Learn" or how the typical adult may learn and then throw it open to you folks. Perhaps you can tell the rest of the group and tell me how you think you learn and we can follow the schedule* that was given to you yesterday.

Who is the adult learner? I think the best description is he's a lot like people. I think sometimes we overlook this fact and it's an important one. As people, he has certain needs. One of the basic needs is he needs to be liked in whatever learning situation he may be in. I can demonstrate this best by one of our adult students not long ago who was just starting a fundamental reading program. He was wandering down the hall when the director of the program came in and saw him and said, "Can I help you?" He said, "Well, ordinarily I go to that class down there, but the teacher is no longer there." The director said, "Well that's a substitute teacher. Come on back and I'll introduce you and you can go on learning." He was very reluctant to do this because this was a new person he was not accustomed to. He had never seen that teacher before. At any rate the director took him in and said, "Here's Joe." The teacher said, "Come on in, Joe, we've missed you. I swear you haven't missed anything. We'll bring you up-to-date. Won't you come in and sit down?" And he did. Joe had a feeling - a real feeling. He probably would have balked and never had gone in had the teacher reacted like some do by saying, "Well, you're 15 minutes late. You'll have to see someone after class and make up whatever it is we've covered so far"; or, "We've already gone through the first few stages of the multiplication tables. I just don't know how you're going to catch up on this coming this late." If teachers or directors of programs are more time-conscious than they are people-conscious, they might say these kinds of things and we do it all the time in education. We have great worries at times why more adults aren't participating in our programs when in reality we don't really look at ourselves and say, "How do I treat those people? What do they really need? What are their feelings and am I concerned about them?" I think this is a very important thing in continuing education.

This adult learner, too, I think is a paradox. He wants to be independent and dependent at the same time. This is an extremely difficult thing for the adult who doesn't want to be told. He wants to be independent enough to figure out what direction he wants to go but yet he's dependent upon a program or director or teacher for the direction in which he wants to go.

One of the things I think that's gotten us into a lot of trouble in planning, in teaching, in directing - we frequently don't really care much about seeking the help of others. We have definite ideas and we go headlong with the plans until all of a sudden the program caves in, which it frequently does. We're kind of fearful, I think, and hesitant to ask other people for help because frequently when we ask for help it's received as an indication of weakness on our part.

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* See Appendix D, pages 84-85

We tried an experiment and I'd like to try it here just briefly, of asking someone for help. We tried this in a group of about 2,000 people and I'd say there were less than fifty that actually participated in it. So let's try it here and see if we have a better percentage than that. I wonder if you'd turn to your neighbor - this would be you two and the next two - you can see which two you are. Now turn to your neighbor and take his or her hand and say, "I need your help."

That's kind of hard to do. You are a wonderful group because you know each other and you are not hesitant, but take a big group and it's a different situation. I think we are in trouble nationally because we've said to many people abroad in other countries,"We'll help you. We'll send the technicians. We'll give you money. We'll help you." We don't realize that we could probably get a lot of help from them, too. I think we've built up curtains between ourselves and between countries because we act like this and we have all the answers. We don't say, "I really need your help." Think of the times that you have said, "I need your help." Well, I think adults recognize this if they are needed. If you do ask them for help in planning, you are apt to have a much more satisfactory learning experience.

I think there is something else that we as adult learners have to have before anything happens to us in the way of learning. That is, we've got to be aware that we're somehow inadequate in something. I swear I don't think you'll get nurses, M.D.s, or any group involved in an educational program if they don't recognize something that they need help with or an inadequacy. I don't think you say, "Hey, you are inadequate in hospital management." He would say, "The hell I am. I'll run mine the way I want to and you take care of yours." Somehow in a sophisticated manner, I think, adults must be aware that there is something that they can't do as well as they would like to and once this is done, I think we're on the road to planning and conducting a good educational program.

Adults are very reluctant to change anything they are presently doing unless there's real motivation to change. A friend of mine in the Appalachian region, 75 years old, lives in the backwoods, a perfectly happy old gent. He has jugs of corn squeezings and his family is raised. He can't read or write and he's never been able to and it's never bothered him. He has always been the most happy guy I think I've ever known. Suppose you move a young adult educator in there. The question he faces: what responsibilities does he have with this old gent who is 75 years old and can't read or write? He says, "Nothing. He's happy. Let him be. You stir him up and he gets to thinking about all the problems of the world, the wars, pollution, environmental problems and then he's miserable. So let him go." I agree because you can't go up and tell him that he's going to have to learn to read and write, that he's not really functioning as a citizen - of course not. This is where we make many mistakes in professional training. We say this is going to be good for you. You stick with me and I'll get you out of the woods and things will be great.

You come to our program and if you follow all the things we tell you, I'm sure you'll be off to a flying start. So I would encourage you in planning your programs and looking at adult learning and how you learn that somehow or other we have to be motivated and you ought to be sophisticated enough to provide that motivation.

What would you do with a 75-year-old guy? Well, that's another lecture. First of all, he's got to recognize some inadequacy. He's got to be somehow encouraged to learn to read and write if this is the thing that you are interested in. I think this old guy as well as other people must have something else and that's a picture of what's going to happen to him afterwards if he learns to read and write. In other words, it's a pretty clear picture. If I do this, in what position will I be, and how will it effect me in whatever role I might play in life. If he thought that reading and writing would get him in some kind of difficulty, he'd never learn. I think many times we in professional education make the mistake of not even looking at consequences and rewards. Yet the adult is very much concerned. So I think it's really important in your planning and your dealing and looking at how you learn to consider what might happen if this learning takes place.

Another feature that's very important. Adults need a chance to practice their new learning without a lot of threat from you. In fact, I doubt that much will happen here, as far as your group is concerned, in these two days unless you also have a chance to practice new behaviors.

We have students in a leadership course where they are encouraged to try a whole host of new things. They reluctantly try them on a small scale. Some go back home and really plunge into new activities. It's always rewarding to get notes or letters from these people saying, "I sure didn't think that would ever work. It sounded like the most ridiculous thing I'd ever heard of, but we tried it with a group and actually it works." They're telling me, "See it worked. Did you know that?" Sure I knew that, but they had to try it out before they'd believe it. I could give them the best research in the world, but until they had a chance to practice it, nothing happened. Think back to the things you have learned. You didn't really learn it until you had a chance to practice it.

The adult also needs immediate reinforcement. This is one characteristic of the adult which differs from the young person. He's got to see immediate results. We tell kids, "You learn the ABC's. It's going to be good for you to learn these things. When you get to be 21, looking for a job, it is going to be very helpful." The adult doesn't buy this. He wants to see something happen right now. The whole Skinnerian approach is built upon this immediate reinforcement. I think it has a real place in adult learning and I'll wager it does with you. If you think now of the things that you are most successful or things you feel you've learned, how immediate was the encouragement?

In planning your workshops and conferences of learning for adults in your fields, I think it is well to be aware of why people get into these situations or why they want to learn. Of the studies I'm familiar with, I think it can be summed up in a few statements.

The first and the biggest group of learners are those who are goal-oriented. In other words, for some particular reason they want to get involved. They see this as a chance to improve skills. They see it as an advancement on the job. They see it as helping the family or some other reason. They have a specific goal in mind and that's the reason they are in your workshop. I think in planning, that this should be something to think about. What are the adults going to get out of the program? A lot of consideration should be given to their goals.

The second group are those that are activity-oriented. And these are people that just like to be in a learning situation because friends of theirs are in it, or people they know or respect are involved in it. In other words, it's kind of like bowling. You join a bowling team because your neighbor, your friends are on it and you kind of like them. Maybe you don't care much about bowling, but you like the people.

The last group, which is the smallest, is referred to as the learning-oriented group. These are the people that just want to find out why the moon comes up, and what happens when you can't see the stars. I mean they are interested in the pure joy of learning new things. These group distinctions aren't as clear-cut as I've made them here. There's a kind of blending among the three, but basically, I think these are the reasons why adults participate in the learning experience. Which one do you fit into in whatever kind of learning experiences you've recently been involved?

In considering "How I Learn," which is the topic on the sheet you received yesterday, I hope you don't overlook independent learning activities. In fact, at the University of Toronto the entire graduate study program in adult education is devoting their efforts to the study of independent learning. Who is the self-directed learner? What is he like? What does he do? This is the ultimate hope. Here the adult directs his own learning and he doesn't have to rely upon instruction. He becomes sensitive and sophisticated enough to direct his own learning. He may go to a group sometimes, true, but he plans this in relation to what he reads, what groups he belongs to, what practices he tries. I wager this is the stage where most of you are. You are able to plan your own learning experience. When we talk about how we learn, please don't forget independent learning because to me that is one of the most important.

GENERAL DISCUSSION

JENSEN....What I'd like to do now in this "How do I Learn?" is to get your feeling and reactions and share them with the rest of us. We might begin with number five on the outline* - "Has most of my significant learning taken place as a result of personal reasons, discussion of friends, etc., etc." Would someone like to inaugurate the discussion by commenting on any of these? What has been the most significant learning that has taken place as far as you are concerned? What has it been a result of as you think back now?

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* See Appendix D, pages 84-85

COMMENT....It depends on what you are learning. For instance, a surgeon - he can't go to a seminar and listen about a critique. He's got to get in there and do it.

JENSEN....How do some of the rest of you feel?

COMMENT....When I think of learning, I have to ask myself, "What am I learning?" It seems to me that in the health field you have to break learning down a little bit. I've found that you need a technical knowledge, for instance, that you can learn from personal reading, but you also have to learn to apply it. These are two different things. If I'm going to be really significant, I'm going to learn the technical skills through reading and then I have to learn through personal experience with patients.

JENSEN....So you feel the necessity to practice is fundamental as far as your learning is concerned.

COMMENT....Right - just what you said a few minutes ago - you have to practice.

COMMENT....I have a hard time accepting priority in regard to the six areas of learning. I haven't gotten off this question yet. What is significant? What do you consider to be significant?

JENSEN....You think as far as you are concerned it's impossible to establish any kind of learning priorities whether it's personal, reading, discussion with your friends, etc. Do you get involved in all these things?

COMMENT....At one time or another.

JENSEN....I think that you have a problem sometimes, too, because some people that are superiors said that you should do a certain amount of personal reading and perhaps you can't get that much out of reading as they can. Maybe they can read something and absorb it, and you can read the same thing and it really doesn't reach you! I think that sometimes maybe I know I don't get as much out of reading as I would from a discussion or something like this. I think this is the problem sometimes where a lot of the time we are called upon to do a lot of extra reading and perhaps a very small portion of it will sink in, whereas if you sit down and discuss it with someone else, you really get a lot more out of it.

COMMENT....Yes, I think one of the things that has been troublesome, particularly in the last 15 or 20 years, is that things change so fast. I think we have a serious challenge about how we learn new things. You just can't go along on the kinds of things you get out of Med School.

JENSEN....Can you recognize any features of a certain kind of learning situation that to you seems more helpful or beneficial than another?

COMMENT....I think we have a problem here. I don't know if we can really resolve it. How much do we have to direct adults to learn? A purely mature person, perhaps, could direct his own learning completely, but there's an awful lot of immaturity in every one of us. How much do we need to be directed, how much do we need to have somebody else, so to speak, change our diapers? How much do we have to have people make sure we are doing things right? I think this is the whole problem. I don't know if we've gotten to the point where we're such great human beings that we're all motivated to keep up with the times. Not only take journals but read them once in awhile and apply some of the things that we read rather than say, "Oh, I'm doing fine; everybody likes me; I do good work so why worry about it; I get my raise every three years automatically." I don't know how mature we really are or if we ever get to a point where we're completely mature.

JENSEN....Yes, I think you've struck the chord. This is a real problem. I think it is an extremely difficult one and I think we can't answer it as a group but each one has to answer it for himself. I feel that the typical adult really has to have some outside motivation before he becomes adult, even though he knows - all of us know - how important it is to keep up today. In fact, the environmental problems alone are demanding a whole new kind of exploration and education and learning. We've been kind of lackadaisical and haven't really kept up on these affairs.

COMMENT....Prior to yesterday's session with Dr. Burman, I was very critical of people who do not attend programs. I'm speaking of dental programs, but I think if we learned anything from yesterday, the one thing that we did learn is that when you look at somebody else's point of view, maybe these people have very good reasons why they don't come to these things and from now on out I'm not going to be so narrowminded. I thought that everyone who didn't come was stupid or afraid to learn or they didn't want to keep up. I think this is one thing we learned yesterday, that this isn't true. There are any number of reasons why people don't come to these programs.

COMMENT....I don't call it, I guess, lack of maturity. It is kind of a system of priorities that we get. We rationalize a lot what we do and what we don't do.

JENSEN....How do you feel about the greatest motivational factor, or what's the one thing that most motivates you to get involved in a learning situation? Think about the last thing you got involved in and what got you into it?

COMMENT....Well, I think it is just being afraid.

JENSEN....You think that gets people involved, being afraid?

COMMENT....Right. For example, they realize they are out of date and don't want to look stupid.

COMMENT....I think that the thing you said earlier, I think, the true purist perhaps is the one who just has the innate desire to learn the unknown type of thing. I still think this type of individual certainly is not in the majority like you say. You look at the great philosophers, the ones that really made great discoveries, they must have had an innate desire or longing to learn. They weren't so motivated by peer pressure or wanting to get together with a group or financial reasons. It was just a purist desire and perhaps a purist desire comes from being a more mature individual.

JENSEN....I think this is so important that people who are planning programs actually involved in developing them recognize this very thing. I think it's fundamental as well as what you're saying here today. Why does someone get involved? One is not very red hot on the business of combining recreation and professional learning, but it could very well be that in cases of others this is a very enticing type of thing. A little recreation with study is a great thing but knowing how he feels and what happens to him in this kind of a situation is extremely important in planning. It could very well be that in addition to skiing they might have some other kind of recreation in which you would be interested or they might have a special program for those that just barrel in there that don't need recreation. I think a real awareness of how human beings operate is crucial to educational planning.

COMMENT....There's some coercion now. I think in Oregon a doctor has to prove that he attended so many postgraduate courses to get his medical society membership renewed. This kind of appalls one, you know, even if you do a lot of reading but all of us know how far we are behind and it really gets you uptight. What if they demand that you take a test again to see what you know, all the doctors and nurses and everybody. This would just be horrible.

COMMENT....What if we had to take State Boards every five years?

JENSEN....In Chicago the Director of Welfare announced that any people on welfare who had not completed the eighth grade or the equivalent and were not in school by Monday morning would be taken off welfare rolls. This was about five or six years ago; 3,000 adults showed to sign up for this basic course in reading, writing, etc. It was the biggest mess you ever saw but it proved a point - either be in school or get off welfare - and man, that was quite a motivation to get involved. I look for something completely different to happen in this whole field of education and adult learning that we haven't experienced in the past. I think there's got to be some proof, it may not be in taking the State Boards but I think it's got to be in some demonstration of potential or capabilities. This is true for all professions.

COMMENT....I'm not real anxious to see this come about. I have a certain feeling against this re-evaluation of ability periodically. I think we as professionals should set up our own program and see if we can't improve our education rather than have some bureaucrat, if you will, decide this is what we need to do.

COMMENT....There is one fallacy in this though. There isn't a wealth of people that will go out and give a good lecture. I mean we're going to have to implement this, too, if we're going to say, "Well, you've got to take a ten hour course to participate in Medicare, Medicaid or whatever."

JENSEN....The issue of recertification is compelling. Unfortunately, our time is up. I thoroughly enjoyed visiting with you and I think you've driven some things home to me. I am very much concerned about what happens in your field. You've looked personally at how you learn and I think that this is good. I hope that each of you continues to do this because if we overlook this and plan programs without any consideration of how adults act and what might happen or putting yourself in the same position as they, we're not apt to have really relevant programs.

ERICKSON....Thank you very much for helping us focus on similarities and contrasts of how adults learn. We are individuals and we have different reasons for why we do what we do. I think that your presentation and subsequent discussion provide a good transition from Dr. Burman's talk to Dr. Anderson who talks in the next few minutes. Dr. Anderson will wrap up some of the things we've been discussing here. We'll break for coffee and reconvene at 10:30.

I am really very highly charged. I think an awful lot of important things have occurred, have been said, have been touched on, elaborated on and mentioned, but I am not sure, utilized yet. I think the value of the type of sessions that we've been having is that you can come in and give thoughts that are on your mind as we're going along.

Dr. Burman said yesterday, learning is a highly emotional thing. So I want to get rid of some emotions before I start. It seemed to me as I heard what was going on by your statements and your testimonials and by the directions of the previous speakers that it came through loud and clear that learning is a highly individualized concern. That the characteristics of learning, the situations in which it occurred for you, the requirements for learning varied so much that it would be impossible to say anything other than it belongs to the individual. If we can accept that, I would be tempted to go on and say that there is no one method or situation or course or format or curriculum that would meet all these individual variations. Therefore, how can I stand up in front of twenty people or how can I design a course or how can I set up a curriculum if I really live by this. I wonder if this isn't saying that all this is primarily for the convenience of the teacher - for the program planner. I think the question facing us then is how to individualize continuing education. On that I think the only thing that we can say is that it can't be more of the same.

During the last session, I heard the beginning movement of self directed learning and individual responsibility for learning. Along with this came the balance that we're swinging in the other direction - well, maybe we ought to have periodic recertification - maybe we ought to have money for attending. What I heard was, let's get back to the old system of rewards and punishments.

I don't know that I've got the answers, but I think I would feel a real disappointment if in the future of the American educational movement we protested as much as we are and then said let's go back and do the same thing over again. I think this is the critical question that faces all of you. It seems to me, convenient to think about approaching individual programming or helping somebody else do his programming if we can start by saying what it is we hope to accomplish.

Objectives is a word bandied about a lot these days, but to me it says what do I want to do differently after the learning episode than I was able to do before. The objective may be very simple. I can recall something that I couldn't recall before. It may be something I can do with my hands that I haven't been able to do before. Or it may be a change in a value, an attitude that I did not hold before.

Now that we have the objective, it seems to me the next step is to select learning experiences to achieve the objective. It's got something to do with the means by which I am going to get to there. A lecture, 35 mm. slides and tape, ward rounds, discussions, the whole gamut of devices, all of which are learning experiences, that are available or a combination of these that are purposely selected in order to achieve the objective.

Now once done, it seems to me I have to ask myself a simple question of whether or not I got there. It's very hard to tell whether I got there until I specified where I was going. I can attend all kinds of courses and read all kinds of journals and read all kinds of books, but if I don't know what I'm looking for, chances are I'm not going to know when I got there.

If you recollect Alice in Wonderland where Alice stepped through the looking glass and I forget who she bumped into first - I think a big cat - anyhow, she said, "Which way shall I go?" And the cat said to her, "Where are you trying to get to?" She said, "It doesn't really matter." And he said, "Well, in that case, it doesn't really matter which way you go." She said, "Well, as long as I get some place." And he responded, "Well, you're sure to do that if you keep on going long enough." I think this is the crux of the situation in professional education. I never had the responsibility of saying where I'm going to go to so that when I'm faced with the increasing piles of journals on my desk or the tremendous spectrum of courses that I could attend, I just don't know what to do. Often I pushed them off the top of the desk into the wastebasket - or you have them bound and put them up on the shelf.

The role of the self learner it seems to me is to get busy thinking about what it is he is trying to accomplish. This evaluation step is whether or not he did. It may also tell him that he has been going in the wrong direction, that that really wasn't what he needed because it doesn't make any difference to Mrs. Jones who is in his office at 8 o'clock next Monday morning. He has to restate what it is he needs to know.

In order to help him make this step, we spent a whole day talking about something that is very influential in that step and that is the learning process. What do I know about it; what do I know about the way I learn; what do I think about the way others learn; the way I think adults learn. It's through this stream that the translation of this objective into an experience of some kind has to filter before I have any rationale for making selections.

I'm not sure that things are that clear-cut about what learning is, but I think that we have a lot of data this morning on how some twenty people think about learning. It amazes me about how infrequently we give this any concern when we start making educational selections.

Let's review the conditions of learning. You may have to help me here, but the ones I heard people talking about were participation. You find that it means learning and the work has got to be mine. The teacher can't do it for me. He can fulfill his responsibility by teaching, but that can't really be equated with the work of learning. Somehow I've got to get in on the action.

Another thing I heard come out frequently is the need for feedback. This was said in different ways - reinforcement, reward and punishment. I've got to know how I'm coming along if I'm really going to be responsible because otherwise if the teacher holds the reins totally, I won't know until after the four years are over with whether I make it or don't make it. I'm totally confused as I go through this whole thing because I don't really know how I'm coming along. I need to have something built in which keeps me knowing that I'm heading in the right direction. Feedback to me then means - how am I doing? What do I need to know that I don't know now? What have I already achieved? What skills do I already have mastery of? Can I stop doing those things now because there are other things I've identified where I need to spend more time. I really believe that the human being is a person with tremendous curiosity, tremendous need to understand the world around him, tremendous need to be more competent.

You also referred to relevance. I have to know that these are real problems. I can't live any longer with someone telling me ten years from now you're going to need to know this. How long can you sit through biochemistry, anatomy, physiology, pharmacology and trust that some day you're going to use it. Well, I think with the adult he's already into the world. He already knows the types of things he is going to be facing, so that relevance has to be established.

Let me also suggest that when we review these conditions, we've got to be thinking in terms of some specification. Jensen did it beautifully this morning. There is a large knowledge component in every one of our professional lives - facts and figures and things we've got to remember and use; and a tremendous component of skills - things we've got to be able to do with our hands; and probably a big component of attitudes, values and habits. Attitudes, most likely, are the most important learnings for the professional because it is these things that dictate his use of knowledge and his application of skills and in most of our educational experience this is taught by negative example.

When I'm talking about knowledge - maybe this just means what am I going to do differently after I learn - maybe I'm just going to recall something. I can now recall the normal serum values of a number of electrolytes that I didn't know before. I would suspect though that it is also of value to do much more than just recall and that these are behaviors - these are intellectual behaviors - that will be different after I have learned. After this there is going to be all kinds of listing of content and this is unique for each one of you around the table. The body of knowledge itself is probably not as important as being able to do something with it so this knowledge may be all these things.

What I'm trying to get across is that we're in a real trap in all our educational systems because there are so many people to educate, the group format is the most convenient. What I'd like to end up with this morning is some criteria for us knowing why we selected it or decided not to use it.

Knowledge, skills and attitudes are probably learned in different ways, at least there is a lot of evidence to suggest this. Now we're talking about learning this body of knowledge. Knowledge, like fish, doesn't stay fresh very long and this is wonderful for purposes of program planning because we can be pretty sure that what somebody knows at any particular time is going to fluctuate a great deal. It teaches the program planners that all they've got to do is just replace it with something else. All kinds of fancy little tricks - personally or collectively - in order to keep it going. Maybe it's using it. Maybe it's doing something intellectually with those facts, but what it is, it's got to be frequently reinforced or it will diminish.

It is a little different when we're talking about attitudes. When a student arrives he has a set of habits, attitudes, values, mores and ethics which are the guiding principles by which he lives. We must take them into account when planning programs. The problem with values and attitudes is that they don't fade that fast. It takes a long time for me to change my religious beliefs. So you've got four years and the decay rate is probably very slow. On the other hand we have a set of habits, attitudes and values that we hope will characterize him by the time he is in adult life. I also suggest that simply transmitting information is not adequate to change attitudes and values. For instance, I still smoke and I have a lot of information above the head to change my habit. If given a multiple choice test I could tell you what's wrong with smoking. There are ways which habit, attitudes and values are changed. Somebody you really admire becomes our hero. Become like him and you take on many of his mannerisms, habits, ways of thinking. Another one I suspect is emotional impact. Something that really tugs. The day my chest x-ray shows something I don't like to hear about, I'd alter my smoking habit dramatically. It may be too late, but it would have enough of an emotional impact that I am apt to change.

We finally get around to the purpose of this morning's session. There is a lot of evidence to suggest that habits, attitudes and values are shaped by group participation. So here we've got a need for a lot of reinforcements. Here we've got different models and means to try to get an attitude. No matter how many times I see that film, I know all the steps up here, but until I've done it, I haven't learned it. So I'm also concerned when say, well, the apprentice system is the way we ought to learn because that's a way of doing. True, it gets up the issue of practice, but this is one other thing - it's awfully easy for me to continue doing the wrong way and do it and do it and do it - and it suggests that I need some interval feedback. I've got to be able to find out how I am doing and what needs to be done differently next time. Well, that's my speech over with. There are a lot more things that deal with this topic this morning.

DISCUSSION

COMMENT....One thing that I notice has not been mentioned at all is enthusiasm. I think you can motivate other people to do things but if you have enthusiasm they will want to do things more. I don't think anyone has said anything about enthusiasm.

ANDERSON....Right. It's enthusiasm, charisma, you know, the whole gamut of things and I agree. I think this is a highly motivative force in learning. Let me say that I think this is part of this business of models - you know, something that really turns me on. This is not as true of mature levels of learning and training, but I think in the formative periods of our careers an awful lot of our decisions about what we're going to go into is based on models. Very often that somebody really turns me on by his enthusiasm - excitement. There's a lot of chatter about the worthlessness of lectures, but it does seem to me that one of the values about a good performance as far as a lecture is concerned is this turning people on - getting them excited - wanting to go out and learn more. Now if a person can't do that then I'm not sure that he should get himself squeezed into the position of being the lecturer because if his goal is to transmit information, I think the printing press can do it much more effectively.

COMMENT....Well, there's some hazards to that. If a student is turned on by an instructor and then tends to mimic him - as you know, some medical school classes will have a real brilliant surgeon so 30% of the class ends up as surgeons or cardiac surgeons or something like this who are really a detriment to the medical student who might better go into pathology.

ANDERSON....Perhaps one of the answers is the thing we talked about at the opening session - how little used in health education is the whole concept of pre-testing. Pre-testing not only to find out what people know but what do they have special aptitude for.

I wonder if there's anyone in nursing education here that can answer this because I feel this is true in nursing. Just being an observer, there's probably different kinds of pre-testing you could do in nursing - everybody doesn't want to be a scrub nurse or an intensive care nurse or a ward nurse - to evaluate a student before she makes her definite plans.

COMMENT....I think it's difficult because a student can't evaluate her interest or even her attitude until she's near the terminal point of her educational program because she has to be exposed to fields of nursing.

ANDERSON....I really admire the people in dentistry because of their concern about this. They are one of the few I know whose acceptance in dental school has some type of pre-test that relates to the things that they are going to be doing. The whole business of carving mouths - there's a serious effort to try to find out whether a person has manual dexterity before he goes into a field which requires heavy emphasis on this. They don't do it in surgery. A lot of people are dropped out at the other end.

COMMENT....It's quite a blow to some. I'm not sure that this pre-test of prospective dental students is as comprehensive as it could be as far as manual dexterity goes. I know I didn't experience this myself, but quite a few schools readminister this test to dental students I think in their junior year to see what they've accomplished. I can't give you a run down on the results but apparently they learned some manual dexterity during training. Is it valid?

ANDERSON....Predictive testing? Well, it's done widely but I'm concerned which way it is going. You're talking about predictive testing in the area of manual skills - very valuable. Most of the professional schools I think are hung up on a predictive test of how they can handle bodies of knowledge. When I heard the remark this morning that somebody's father could predict that somebody would be a good actor by their grades - this really stopped me because this is in conflict with what I believe. Acting may be highly intellectual but it seems to me there's a lot more to it and I wondered how grades reflected that. As an example, the medical colleges' admission test is widely used as acceptance into medical schools and its performance on how well you have memorized your science, how well you have memorized your mathematics, general aptitude in the use of words and I've forgotten the fourth part of this, but the only correlation study that exists with this is success in the first two years of medical school. If they do well on the college admission test they'll probably do well in grades the first two years of medical school. The grades count completely when you get into the clinical years. The reason I'm stressing this is because I think we've got to think more specifically about what our objectives are - knowledge, skills and the whole area of attitudes. I don't see any selection going on in terms of appropriateness either in career counselling or even in helping people after they are in practice - helping them make decisions about what they should be concentrating their time in.

COMMENT....There is a concept that I think interferes with the whole learning process and I call it a professional mysticism. I think it interferes at the institutional level. I wonder if you agree that it does exist or that it does not exist or to what degree it interferes or does not interfere. By this I mean, within each particular level or each professional group represented at the institutional level there's a lot of guarded information. I see this as something that really exists but doesn't really interfere with the process. I think the clergy has lost esteem. I think the physician has been threatened. I think administration almost daily or weekly is being challenged to open areas that at one time were held in a rather guarded fashion.

ANDERSON....How does this mystique propagate?

COMMENT....Well, I see it as a security factor from the professional point of view - you know something that somebody else does not know. I think of the teaching situation purely from an educational point of view. At the secondary level, teachers are not very comfortable when other teachers visit their classrooms because this other teacher is getting into their bag of tricks.

ANDERSON....Or this other professional is getting into my bag of tricks. . . .

We have about forty minutes left and I wonder if I could sort of shift focus now and ask you to think about groups - their use and problems - and try to get from you questions you really have. I'd like to see more use of group learning, especially mixed groups, such as various disciplines.

COMMENT....We really don't know a great deal about each other. At least when we mix up we get a chance to learn a few things.

COMMENT....I think there's a correlation between physicians and dentists in division of responsibilities. A physician can't treat a tooth and a dentist has to stop at a certain point in the head and neck. This is a real problem. Oral surgeons and regular head and neck surgeons are always fighting over whose going to do what.

ANDERSON....Sounds almost as though they didn't have enough to do.

COMMENT....That's just what it sounds like actually.

ANDERSON....Well, I think the question seems obvious to me when you begin to talk about this area of boundaries overlapping or territorial domains. When I look at a State like Wyoming, you've got real manpower problems. I think these are concerns and domains of continuing education. It's resetting the focus and looking at what exists and doing something with it. I think we all accept that by the time we leave school, what we are prepared to do and what reality is, is quite different. I was staggered when I was in practice after twenty years of education to find out how much I wasn't prepared to handle when the patients walked into the office. They were staggered to find out I didn't know where to turn either to get information or consultation. I was accustomed to the life in a hospital setting within a university. I knew how to manipulate my way through that without any trouble but then a totally different condition occurs in actual practice. I think one of the main things in continuing education is to look at the situational dilemmas and begin to reassign, redistribute, re-educate the public and the professionals.

There was a beautiful study done at the University of Kansas about two years ago reported in the Journal of Medicine about nurse-manned clinics administering care of diabetes, hypertension, health patient care of diabetes, and one other field that I can't recall. They did attitude surveys of the physicians, the nurses and the patients before these nurse-manned clinics began and then one year after they had been under way. Universally, the nurse said, "It can't be done. I don't want to do it;" the physician said, "She can't and I don't want her to," and the patient said, "I wouldn't trust that situation." Almost universally one year later, the nurse said, "This is what I really think nursing is all about;" the physician was saying, "I am surprised and delighted," and the patient was saying, "I'm more comfortable now than I used to be because somebody is listening to me." So I think, you know, that the parameters of education are really very great.

(Comment made about medical legal aspects.)

I think laws of this nature are made by legislators and by professional groups to some extent, but as far as my understanding is concerned, legislators and professional groups only exist for the purposes of the people they serve. Although it may take a long while to get a critical mass of people saying it ought to be changed, the only way to get it started is to start a protest. I think you have to live within the law, but the law can be quite liberal - well, look at the Intensive Coronary Care Unit. There's a nurse doing things that are fantastically different than one interpreted the law five years ago. I think there is a lot of room for negotiation within this, but then a critical mass has got to be devloped which can go on and say now that ought to be changed or if it should be changed.

COMMENT....There's quite a revolution in dentistry going on. We've just changed our Dental Practice Act here in Wyoming at the last Legislature in trying to define what ability a certain person has to have in order to perform certain duties. It's rather difficult. I mean some states back East have gone so far as to - and I'm a conservative - let dental assistants pack amalgam in teeth or carve fillings and such things as this. Maybe I'm worried that they're taking over my position more than I think that I am protecting a patient.

ANDERSON....I think we have explored a lot of histories here. I hope these are things that will generate further thought beyond this hour and also generate further thought in us as individuals and as groups when we sit down and think about continuing education. I want to pull back to the arena of looking at the mode called group learning. Would that be too much of a pull to get you back to that at this point?

COMMENT....I would like to ask one question before we leave. Next we will be branching out and using more supportive personnel. Well, what about the insurance - medicare?

ANDERSON....Well, this is maybe a cop-out, but I have the strong belief that the individual can influence his teacher and that even insurance companies have advisory boards and guidance input in terms of what they live by and what they do not. Somehow people, who are us, have got to be active and be forward enough to shape these policies. I really don't believe that things spontaneously generate by Washington, our insurance companies, or our schools. I think it is people and individuals that influence. I think each of us has a domain in which we can influence change. It's awfully easy to say, "It's so big I don't think I'll go to the polls and vote today." The more we say that, the less influence we have.

QUESTION....What are the reasons for selecting the group setting for learning?

ANDERSON....One way of approaching the selection of a group format is to ask the same questions about anything. Why should I select lectures? Why should I select video tape? Why should I select reading a book? The only two real reasons are: 1) What are you trying to accomplish, and 2) How do people learn? Another point to keep in mind, I think some of you mentioned, is the need to talk to somebody about what you know - to discuss it. Check for understanding. Now, one of the things that often happens when you're talking about understanding is your using it. You've got to use it some way. You've got to have the time to apply it in situations - trying to draw some generalizations out of the specifics - but it's doing something with it intellectually. It's not just reciting it. In that little book* that Don distributed to you, I was impressed with the way it broke it down. In a group, people are together for the purpose of understanding - checking understanding. Probably the possible outcomes are that somebody finds out that you understand; probably somebody finds out that he doesn't. Somebody probably also finds out that he thought he did when he didn't. Then there is the guy who says, "I don't think so. I don't understand it," but in the process of trying to explain it to somebody else, discovers he really does. So the group format ought to be a testing ground and people in it ought to have that opportunity.

What else might the teacher decide to use the group for in knowledge? Well, for selfish purposes to get feedback. How are they doing? How are they coming along? Have they got it yet? Do they understand it? That's teacher purpose.

Another very valuable use of a group of people is idea generation. Chances are with any accumulation of people the total number of ideas that can be generated is going to be greater than any one individual can do.

COMMENT....I think in groups you would have an opportunity to learn to recognize and perhaps tolerate differences in interpretation.

ANDERSON....There seems to be no question about that. It gets into the whole thing of the topic of discussion earlier about the apparent absoluteness of the knowledge when in reality maybe not many of us feel that absolute. It seems to me that in the group setting there is a wonderful opportunity for people to begin to see that there may be differences - differences of opinion, conflicting bodies of facts, different ways to interpret things and to begin to become accustomed to acting in the face of uncertainty.

QUESTION....Can't you correct misunderstandings? Somebody can show you where you misinterpreted information. You have the information but you just haven't put it down in the proper position.

ANDERSON....I agree with you very much. One of the things that people criticize the group discussion format for is "Well, gee, you know, how can I learn from a group of people I don't think are experts. They've got about as many misconceptions as I have." One of the values though of the peer group and having the teacher pull back and letting them get at it is this whole business of perceptions. The chances are that people who are at a comparable level in learning and understanding a volume of information can better understand how the other person is misunderstanding. Do you follow me? The gap of perception between teacher and student is much greater than between student and student. An awful lot of peer help can go on in pointing out to other individuals who are having difficulty grasping it.

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* Learning Thru Discussion

Let me close on one thing because I think it is so important in the use of groups. It deals with attitudes, values and habits which are the determinants of behavior; the determinants of the acceptance of knowledge and application of skills. These are the things (attitudes) that I think are the most important objectives. It looks as though the group setting is one of the most powerful means of altering attitudes. This is done through discussion and the development of certain group norms. There is some feeling of compulsion of the individual after he leaves. Conform is the wrong word because I don't think it is necessarily confining - but to adhere to.

All of this comparing the authoritarian-democratic formats of teaching and learning, or the difference between lecture and group discussion probably gets at how involved I am personally in the format. Those formats which allow the individual to become quite involved, it looks like after he leaves there's far more likelihood that he will adhere to what is commonly accepted by the group than when he does it as an individual. Does that come through or is it too theoretical to be of any value?

There's a very interesting study of groups and their influence that was done during World War II by a group of social psychologists. They compared lecture group discussion formats in working with a group of women Red Cross Volunteers. This subject was to try to educate people to the use of things in their diet related to the war shortages, particularly beef hearts and sweetbreads. One group of women were given persuasive lectures on their nutritive value and their availability and how economical they were. Another group of women were given this information by handouts to read and then were allowed to discuss this. In the follow-up study they didn't give them a multiple choice test about what they knew about beef hearts. They asked how many people served them to their husbands - you know - habits, attitudes, values. Three percent compared to 32 percent. It wasn't knowledge they were testing because knowledge may have been equal or different - but habits. A lot of people came along and said, well, that looks too rosy and they asked the question, what actually transpired during that group discussion? One of the things they found out was they not only discussed it but they came to some decisions. The group concensus was that having left that group they arrived at a concensus - their behavior was markedly changed - so it looks like one of the powerful determinants in the use of group setting is not just to verbalize, but help people come along to the point of making some testimonial. If they can get on to deciding about it, this does really seem to influence their behavior afterwards.

ERICKSON....We will reconvene here at 1:30.

PROGRAM PLANNING FOR CONTINUING EDUCATION. . . . . .ERICKSON

ERICKSON....I think there are seven elements which are important in planning a continuing education program: (1) sources of continuing education needs - where it is we find out what the needs are for our colleagues in terms of continuous updating and refreshing clinical skills; (2) how do we set priorities; (3) how do we specify objectives; (4) the teaching-learning methods that are appropriate; (5) methods of evaluation - the tests and techniques that can be used to determine whether or not we have achieved what we set out in our objectives; (6) program coordination - the kind of things that need to be considered in coordinating all activities of planning, implementing and evaluating the continuing education program; and then finally, (7) a budget breakdown. I would like to suggest that we look at these seven elements and discuss what we consider to be important and what they mean. To do this, I'd like to have some direction from the group on how you'd like to progress.

COMMENT....A logical place to start would be with sources of needs. You have to know the needs before you can establish the priorities.

ERICKSON....Okay. Let's list what we think are the sources of needs. Anyone want to throw a few out?

COMMENT....I wonder if you don't have a double list of needs - one for patient need and one for practitioner need.

ERICKSON....Both the patient and the practitioner are sources of needs. How might one go about finding out what the specifics are as far as what needs to be reviewed; what kinds of patient care problems exist; what types of preventable diseases are not being prevented; disabilities not being prevented; or how to obtain information from individual practitioners about what they consider to be their needs?

COMMENT....Run a survey and ask them.

ERICKSON....What are you going to survey?

COMMENT....Well, you can sure get yourself in hot water in a hurry by various types of surveys the way they are set up.

ERICKSON....Are you saying the end results might lack validity?

COMMENT....Yes. How do you improve your end results? What statistics are you going to use?

COMMENT....It depends on the individual thing. I think the end results have to be evaluated very extensively but I think really that is what we have to focus on.

ERICKSON....I agree. We have to become more end-results-conscious or outcome-oriented. For example, the goal of continuing education is to improve patient care. This means that we should be observing and assessing patient care results, not only as the source of continuing education needs, but to look at what happens to patient care after an educational program has been put on. What kinds of things are going on in dentistry to assess patient care?

COMMENT....Nothing on the private practitioner level that I know of.

COMMENT....It would be a rare bird that didn't know how to carry out a treatment. Dentists keep themselves in check.

ERICKSON....Through peer review?

COMMENT....Right, although peer review is a very difficult thing to set up - let alone set up a program where you can evaluate all the results. The only thing that I could see would be statistics on programs where large groups have been treated and really all you can come up with is you had so many such and such, and you ended up spending so much money per patient and really that's about all you've got when you get through. For actuarial purposes and insurance this is real fine - it works out very well, but as for evaluating the overall health benefits to patients, I question this.

ERICKSON....Anyone else want to comment on this?

COMMENT....We have screening programs where we actually look at the children's teeth and what are done with the results - I think probably nothing.

COMMENT....We developed a screening program and saw the same thing year after year after year. They tabulate on a card Class I, Class II, Class III. My memory doesn't serve me too well, but Class I was in need of immediate care, Class II in need of care and Class III was okay. We got the same results in this screening thing from year to year to year - that the Class I's percentage stayed the same, Class II's stayed the same and Class III's stayed the same, so why run a screening program or survey, if you want to call it that? These were sent to the children's parents with this notation made on this card. Like I said, year in and year out the number ones stayed the same. You could see the kids that you saw in the Third Grade last year in the Fourth Grade this year and they have the same problem, so what good is a survey?

ERICKSON....Why do you suppose there was no change?

COMMENT....Indifference, I think - really and truly - and possibly a lack of communication between the dental community and the public. I think that this is one of the biggest downfalls that we have - the lack of public relations.

COMMENT....Did you break them into income categories? What I'm getting at is that they say in dental health - I don't know whether this is true or not - that expense has something to do with it, and therefore, the poorer families have the worst teeth. I wonder if proper use was made of these screenings.

COMMENT....Of course, this is one of the reasons that our local society dropped it. There was no follow-up on the thing. Now we do have a state and federally funded program which is called Marginal Children's Program. Anybody who is indigent can have their dental work done for them and it is funded by this program. You can run all the surveys you want to, but if you don't follow-up on the thing, what good is it going to do?

ERICKSON....I agree.

COMMENT....I think you're not alone in dentistry. I can think of the whole expense that hospitals have gone to in establishing medical audit programs to review patient records and patient care. Many of them are dropping out of it because it is getting so expensive and no one can figure out what to do with the information.

COMMENT....The figures are useful if you say go ahead and use them. For example, if you're planning programs based on the data.

COMMENT....All right. The way we used to do it, we used to get a - oh, after the spring time, sometime - I think we usually did it along about this time of year - and by May we would get a result sheet back from the public health director of the dental division out of Cheyenne. So Moorcroft had 100 Class I's and 200 Class II's and 150 Class III's. I could care less in Casper, Wyoming. They compiled the figures but what difference does it make to me?

ERICKSON....Now we are getting into some priority issues. Once we get the data and information given that it is accurate, the next thing is what are we going to do with that information. In fact, we should ask this question before we collect the data. I would like to see us talk a little more on what to collect and sources of need.

It seems to me there are primary and secondary sources of patient care needs. We discussed the peer review source. We discussed individual practitioner needs and so on, but I'd like to add to your comments. I think primary sources of patient care needs are essential to accurate determinations of need.such as observations of patient care, mortality and morbidity statistics, and medical audit programs.

COMMENT....Suppose you look at mortality statistics and find that hospitals in Wyoming have a 20% greater infant mortality rate than Iowa. What are you going to do? Are you going to send a letter to all the physicians in the state and say, what are we going to do about this?

ERICKSON....The first thing I would do would be to document the data and then analyze it and distribute my analysis and possible implications to the practitioners. I have implicit faith, that we as adults, when confronted with valid information will act accordingly. I think this is basically what we do in our practice - physicians, dentists, nurses - all of us here - when we have sufficient data to make decisions, then it is a lot easier to resolve problems than to scurry around trying to make assumptions of what we should be doing. There is very little systematic study going on around the country and maybe someone might wish to speculate as to why this appears to be so difficult - to do chart reviews, to observe performance of individuals, to obtain primary data of patient needs.

COMMENT....This chart review - particularly of medical patients - no one wants to get into it. As you know, surgical review has been going on for eons and ages because here you have something very tangible. If someone removes a non-diseased organ, chastise them, or if their results are post-operatively poor we have something pretty concrete, something pretty definite to get on to them about. In the Medical Audit the treatment of the patient is very nebulous. Now if you're using the wrong antibiotic and if you don't get well, you switch - and a lot of it is the personality of the doctor - and you know about fifty percent of patients' illnesses are psychosomatic, give or take ten or fifteen percent. In treatment of hypertension you have 16 to 20 drugs to use, so what's right? Who is going to say what's right on Medical Audit? So people have been very leery of getting into this which would be a real hornet's nest of how to properly treat a patient in this way. People go to chiropractors and they survive and they sometimes get better - frequently. They go to osteopaths and they go to naturopaths and they go to M.D.s. The healing arts doesn't limit itself to review very well.

QUESTION....Doctor, aren't they doing this though through Medicare?

COMMENT....You mean utilization review in a hospital? All this is, he goes over the chart to see whether the patient has been in an inordinately long period of time, but there is no review of his treatment.

COMMENT....I may stand corrected, but I thought they reviewed medications.

COMMENT....Well, I know, we have a record review that does this, too, and with great trepidation will put a note on the chart about something that perhaps the physician overlooked - something in the urinalysis - usually some diagnostic procedure perhaps that he didn't do or that he did do. As I say, they do it in trepidation frequently, but anywhere you have a big staff you become more anonymous and do this as a committee, and I think it should be a matter of teaching. I think in some places it is called the Gestapo Committee.

COMMENT....Many times they will ask us how the patient is doing and if they actually need to stay on the acute ward or whether we feel they can function on an extended care facility. They look perhaps at the medications to see these are things that eventually the patient will be taking at home if it is going to be a short stay on extended care.

COMMENT....I think, like you mentioned, it is called a Gestapo Committee. It's supposed to be an educational thing and it turns out to be punitive or at least it is assumed to be that way.

ERICKSON....I think we should look more at that type of utilization review committee as a source of continuing education needs for the practitioner in a particular setting. The fact that we find it so difficult to assess primary patient care needs, what happens unfortunately, I think, we spend too much on secondary sources. We think we can infer from secondary sources the patient care needs. We ask practitioners what they would like for their own continuing education, or ask academicians, universities, medical schools, dental schools and professional schools to determine what practitioners out in the community need. We don't always ask for it, but we get it also from the public. I wish we would do more systematic assessment of what the public thinks we need for our continuing education. And there's another area that I think - existing organizations such as the Heart Association, the Cancer Society, categorical disease organizations, your specialty groups, your own professional society - these are also secondary sources of continuing education needs. I'd like to submit that we depend much too much on secondary sources. I'm not saying that we should not tap secondary sources, but we must balance it out with more data from primary sources.

COMMENT....I don't know whether it's important or not, but you mentioned the public. I think you're familiar with what they tried to do with Model Cities in Cheyenne. Do you feel a public survey which asks, "Are you getting good care or are you getting poor care," will give us accurate results? I'm not trying to knock down statistics but I think that we need to be real careful how we interpret public surveys. There are useful figures that are useful if they are applied properly by someone who knows what he's doing. I'm not a statistician but I know enough about them to be suspicious when I see certain figures thrown at me. How do you feel about surveying the individual patient? Is this going to be of any value at all? Would this be a valid source?

ERICKSON....It's like any problem solving experience. We need to know exactly what we want to get before we go out and collect it. Sometimes those conducting opinion surveys, or other kinds of surveys, don't know what they are looking for - they are just gathering data. We need to know specifically what we want to look for, unlike Alice in Wonderland, in an education program we need to know where we want to go before we can determine whether we achieved our destination. I would say the same thing holds in surveying. The validity of the data is going to be contingent on a couple of things - that it is very clearly kept in mind what the survey is to collect, and secondly, that it is designed according to statistical know-how in sampling and in analysis. I am not competent to speak on statistical methods, but I think that we should recognize its significance.

Are there any other comments? Okay, let's move on to priorities. How do you establish priorities? Who establishes the priority? Do we as planners establish priorities? Or should academicians, professional societies, health agencies, specialty groups establish priorities? In a community hospital when you are setting up a continuing education program, what kinds of considerations should be brought into play when you determine priorities for a continuing education program?

COMMENT....Existing conditions and needs. It seems to me that it is clear-cut.

ERICKSON....How do we know they exist?

COMMENT....I would suggest that there are available at the moment a fair amount of criteria.

ERICKSON....That makes sense. We need to generate criteria if we are going to determine priorities. They will change from one situation to another depending upon our values. For discussion purposes, let's look at priority of sources of continuing education needs.

We have perceptions of continuing education needs that come from the practitioners and academicians and also data about patient care. How would you determine which source to use for your continuing education program?

COMMENT....I would certainly say from the dental standpoint that the practitioner's needs would have to come first because he knows his individual need.

ERICKSON....Anyone else like to speak for this? What about in hospital administration?

COMMENT....I really don't know how to answer that.

ERICKSON....How do the rest of you feel? What about the nurses?

COMMENT....I think the nurses are usually aware of their deficiencies.

ERICKSON....I haven't heard anything about the academician - is he just to be left out?

COMMENT....They cannot say what our needs are.

ERICKSON....Might he help you?

COMMENT....He could help by requests. I don't know if he could come up and say, "Nurse, you have to have this kind of training." Maybe she already had it.

ERICKSON....I'm not going to get into this discussion as to how to determine which one of these is priority, however, I would like to submit that there are three main sources of continuing education needs: the practitioner, the academician and primary data about patient care. Each and every one of you in your own setting should establish your own criteria as to which of these sources is more useful.

COMMENT....Who are the academicians?

ERICKSON....I am thinking of faculty people, for example, teachers of hospital administration or medical faculty or nursing faculty.

COMMENT....Don, maybe I'm a little confused, but in trying to improve patient care I would think the patients would not be the ones indicating what the needs really are. I'm not sure people really know what it is they need.

ERICKSON....I would say, do we really know how they feel, and it would be good for us to find out how they feel.

COMMENT....Right, but I think that most of our needs are set up because of what the practitioner feels is a need to improve patient care rather than what the patients themselves feel is a need for improvement.

COMMENT....I think there might be a difference according to the problems we are studying. For example, if the problem were a psychiatric one as compared to one like tuberculosis.

ERICKSON....We certainly have to keep in mind the problem that we are studying which may require a different source of data about needs.

It seems to me that one of our reactions to the academician is that the academician historically has been saying, "You out there - this is what you need to know," and we've kind of revolted because it hasn't been, all the time, what we considered our relevant needs. Now the academicians are much more prone to look at the practitioners point of view, but practitioners are suspicious. I would like to see us set it in some kind of balance so that we use both sources.

COMMENT....It seems to me that as far as the academician is concerned, he doesn't speak until he's invited to come and speak and give his views. Evidently the people who invited him felt the need for his type of information so he was invited.

ERICKSON....I think what we are identifying here is a function of program coordination and planning. Program coordination to me involves the coordination of planning, teaching and learning, and evaluation activities. You have to coordinate all these efforts. It seems to me one of the duties of a program coordinator or the planning committee is to look at both sources of needs, the academician and the practitioner, and obtain relevant data from each. Then look at the information and make decisions about what we want to do in our continuing education program.

I think we should spend most of our program planning time in continuing education, at least 60%, identifying needs and delineating instructional objectives. If we clearly defined instructional objectives for a course, I think the rest, how we teach it, how it goes, will fall in line. The most significant parts of program planning in continuing education, I believe, is identifying and validating needs and clarifying specific instructional objectives.

I sort of said that as a wrap-up of our discussion of needs and priorities.

COMMENT....I don't understand, what do you mean by instructional objectives?

ERICKSON....Let's look at instructional objectives for a continuing education course. What kind of objectives are we talking about. We are talking about knowledge objectives, skill objectives, and/or attitude objectives. As an illustration, take a look at the Goals and Objectives Sheet* for this seminar.

An instructional objective tells us something of what we can expect the student to know after a period of instruction. If you look at Number one under instructional objectives - "Knowledge of the Theory of Adult Learning." Well, this could be stated "Theory of Adult Learning." If we said Theory of Adult Learning, would we know what the course was going to be about? Does that objective tell you anything about what to expect the student to know after he has had a period of instruction? As an objective, "Theory of Adult Learning" really doesn't say much. You might infer that there would be application of theory. Someone else may infer something else from it. It is ambiguous. It is vague. The addition of "Knowledge of the Theory of Adult Learning" indicates that all we really hope to accomplish pertinent to that objective is recall of the theory of learning that we've been talking about yesterday and today. Knowledge recall of theory concept itself is all that we are interested in in this particular objective. If we were going to make this objective one that pertains to comprehension, then we would say comprehension or understanding of the theory of adult learning. If we wanted to have application, we would say application. What I'm getting at is there are two components to an instructional objective. There's one that tells what the content will be. The content of that first objective is what? What's the content in our first objective here? What's the body of knowledge that we've been looking at? Okay - so that's the content - the theory of adult learning. The behavior that we are interested in - the intellectual behavior that we are interested in is the knowledge - not the understanding of the knowledge in this particular objective or the application of the knowledge or the interpretation of the knowledge - just the fact that it exists - that you can recall - that these points of view exist. So each instructional objective in a continuing education course should have these two components: a content component and a behavior component. There are other behavioral components which Alex pointed out earlier today - there's the skill, the ability to perform a skill. Another would be an attitude - the willingness to accept - that would be a behavior.

We might check to see how foggy we are about what I said as far as the content aspect and the behavioral aspect of an instructional objective by looking at the other objectives on the seminar list. Take your pencil and circle what you consider to be content aspects of the objectives, the subject matter, and underline what you consider to be the behavioral aspect.

COMMENT....What is it you want us to do?

ERICKSON....All right. Thank you for the feedback. What I am trying to do here in a short period of time is give you an opportunity to identify the components of an instructional objective. I've indicated that instructional objectives contain two components. One, the content to be covered, and second, the behavior that we expect after the period of instruction. Now I'd like for you to circle the content aspect of the objective and to underline the behavior aspect of the objective.

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* See Appendix C, page 83

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In the first one I would circle "theory of adult learning" and the behavior would be "knowledge". In the second one - stop me anywhere along the line if you have questions - the content would be "interpersonal relationships which influence learning in groups" and the behavior would be "knowledge". The third behavior would be "knowledge" and the content "adult education resources at the University of Wyoming." The fourth, "to practice application" would be the behavior and the remainder "a working model for planning a hospital based continuing education program" would be the content. Five, the behavior would be "analysis of relationship" and the content would be "between adult learning and educational design as they relate to continuing education." Then six, the behavior would be "accept" and the content the "ability to learn as a lifetime capacity." How did you do? Did we go through it fairly well? Do you disagree? Do you see an attitude objective in the six - number six? The rest of you agree with that?

I would expect that the concept of an instructional objective containing content and behavioral aspects is still vague. An instructional objective is a statement which describes the expected learning of the student after instruction.

COMMENT....Does an objective necessarily have to have both content and behavior? I find it difficult to accept knowledge of or understanding to be behaviors.

ERICKSON....They are intellectual behaviors. Some educators call them cognitive behaviors. Such behaviors also include analytical and evaluative processes, for example, problem solving is an intellectual behavior.

COMMENT....Okay, then instructional objectives have both content and behavior aspects.

ANDERSON....One question you have to ask yourself when you are questioning objectives, particularly what good are they to me - ask yourself what do I mean when I say knowledge, what evidence will I accept that the objective was achieved.

ERICKSON....I have attempted here to sensitize you to instructional objectives. We can go one step farther. What Alex pointed out is called an "instructional-behavioral objective" which has three components. It is the third one that Alex mentioned. The criteria that we use to measure the achievement of an objective. For example, "knowledge of" and "the theory of adult learning" represent behavior and content aspects. To make it an instructional-behavioral objective in educational parlance we have to add another statement or statements about the criteria that we will use to determine whether you really achieved the objective. I could say that on the post-test, those questions which pertain to the knowledge of the theory of adult learning that 75% of the questions should be answered correctly by the participant, by you. This percentage would be my criterion to determine if you indeed achieved the knowledge of the theory of adult learning. I chose not to get into the criterion aspect at this time because we don't have adequate time to cover it. I suppose you could look at it another way and say that the criterion is the most important part of an objective because if you don't specify how you are going to measure it, then you really don't know whether you've achieved it. I would much rather, however, defer discussion of the criterion aspect to another time and place. Is that all right with you? If not, we can get into it now. Okay? Let's move on to the next program planning component on the outline.

COMMENT....I think we may have missed something here when we talk about continuing education and that is physical location and set up. Where you're going to have it, at what time, whom are you going to invite, etc.

ERICKSON....I would include those questions under program coordination which involves coordination of planning, implementation and evaluation functions. In planning you have to look at the target group, local facilities, arrangements, the sequencing of material, timing and the things you point out.

Let's take a five minute break...

In regard to teaching-learning methods, I don't know of any evidence that any one teaching technique is superior over another. When you try to scientifically compare one teaching technique with another technique it is nearly impossible to control all the variables of individual differences and teacher differences. So with that, and in the interest of time, I would like to list what I think are the things to consider when you are ready to select activities to reach your instructional objectives. One that came out very clear today, I think, is active participation of the participants. Not just passive involvement. Although we had a discussion the past hour, it has been mostly passive. You did actively participate when we went through the objectives and determined what part of the objectives was content and what part behavior.

We know that individuals progress differently in speed and understanding. We learn at different rates and we have individual differences; therefore, we have to keep that in mind when we design an educational program.

Provide time for feedback to the student by the teacher and feedback by the student to the teacher. This has to be, I think, an ongoing type of feedback. An atmosphere of freedom should exist in the teaching-learning transaction.

We should provide time for individuals to practice a new learning, either in a real or a simulated setting. Finally, I would push for an interaction between instructor and participants and this could be in a group setting or on a one to one setting. In fact, a good deal of interaction takes place during coffee and during dinner, and so provide time for informal learning sessions.

These are the points I would sum up for consideration in the selection of teaching-learning experiences.

As far as methods of evaluation, I would like to list three things that I think you might want to do when you attempt to evaluate your continuing education program. One is to have an assessment of the teachers performance. This can be done with a course reaction questionnaire. You'll see one at the end of the Seminar. I'd like to also encourage more student achievement assessment, either through paper and pencil tests or by observation of the individual practicing a skill, either simulated or in the real setting.

I think it is also important to include evaluation as an integral part of the planning of the program. When you get into a planning group and you want to have an educational program, I would like to recommend from the outset that you consider how you are going to evaluate it. Then evaluation becomes part and parcel of the whole program planning process.

Relative to program coordination, there are numerous lists prepared by various groups, check lists for planning, implementing and evaluating programs. I have one list* here which I will distribute to each of you.

In terms of budget and the budget breakdown, here is another hand out.** This is a check list of the kinds of things to consider in budgeting for an educational program.

* See Appendix E, pages 86-88
** See Appendix F, pages 89-90

ORIENTATION TO WORK SESSION. . . . . ERICKSON

This brings us to the culminating point of our Seminar when we break into small discipline-oriented work groups to identify educational needs and outline plans to meet them. Let me give you some background of what I'm talking about here. I'd like to pass out these documents. Some of you may have seen this before and others may not. This is the Report of a Survey of Continuing Education Needs for Health Professionals that we alluded to earlier in the Seminar.

I would like to indicate that the data in the Report is an example of information coming from one source of continuing education needs, i.e. the interest and wants of individual practitioners. This document contains summaries for each of the disciplines surveyed. There is a profile and a more specific analysis for each discipline. Anywhere along the line, if I am not making myself clear, just jump in and indicate so. What we would like for you to do is to take your discipline's report, look it over, select three continuing education needs and list them on the planning outline*.

Does everyone have a copy of the outline? What I'd like you to do is list three needs in the first category - "Need for Program." Select three that you think are important. Then select one of the three as the need for an educational program, and list your criteria for selecting it.

The rest of the outline follows the items we discussed the previous hour. Indicate the "purpose" of the educational program that you are planning. Then list on page 2 of the outline the "instructional objectives." Then how would you go about presenting the program to your colleagues. Indicate this under the "teaching methodology and agenda of program activities." Then fifth, how would you propose that you "evaluate" the meeting? Then list the "duties of the program coordinator" and then seventh the breakdown of the "budget," assuming a total budget of $500.

The target audience we are speaking of here would be your colleagues in your community. The hospital administrators and physical therapists, because your target audience is minimal in the community level, should design an educational plan for a state meeting or a district meeting of your colleagues. The program may be an hour in length or it may be a half a day in length - that's up to you to decide. You make the decision as to how long you want this program to be. What we'd like for you to do is to outline a continuing education program to meet the need that you select from the Survey Report.

COMMENT....It has to come from the Survey Report?

ERICKSON....We would like for you to take it from the Survey Report.

COMMENT....You can't make this an interdisciplinary type program? You want it just for my people. What if I wanted to include laboratory technicians in a report?

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* See Appendix G, pages 91-93

ERICKSON....If you want to include others in your target group besides your colleagues and that would benefit the achievement of the objective you have in mind, yes, include them. That's up to you. Let me explain one more thing. Tomorrow morning we will have a critique session at the educational television studio at which time each plan will be reported to the group. We would like all of you to rate each plan according to the Rating Form* distributed to you. The rating form has nine items on a scale from excellent to poor. These items follow in parallel the outline plan I gave you. For instance, the outline plan starts with "Need for Program." Well, the first item that we'll rate will be "Rationale for selection of need."

After we've gone through all seven plans, we'll tally up all of the sheets. The plan receiving the highest score will be analyzed as to its strengths and weaknesses.

COMMENT....Is this all going to be done at the television studio?

ERICKSON....Yes.

COMMENT....What are you taping this for?

ERICKSON....At one of our planning committee meetings it was thought that it might be worthwhile to expose the participants to the experience of seeing themselves on television. We don't have to do it if you don't want to. If you don't want the taping of this, let me know.

COMMENT....What are you going to do with the tapes afterwards?

ERICKSON....We may purchase them and then again we may not. Frankly, we haven't given a great deal of thought as to how we might use the tapes. We thought it was a good idea. If you want to go along with it, we'll do it; otherwise, we won't do it.

COMMENT....What if we don't go along with the Survey?

ERICKSON....By that you mean you can't find three needs in the Survey?

COMMENT....No, I mean disagree with some of these conclusions. It's very obvious, in the brief look that I took, that I don't agree with this in general. All you have to do to see why I don't agree with this is to look and see who made the Survey. Here it is in the dental section: heart condition, cancer condition and stroke condition. Those are the needs, and I disagree with them.

COMMENT....I have a problem. I haven't heard of the Survey and I've been in the State for twenty years.

COMMENT....I don't want to make waves, but on the other hand if we're going to plan a program, can we deviate from this Report? That's all I'm after. Do we get slapped on the wrist or marked down?

ERICKSON....I would like to urge and encourage you to select three needs from the Survey. If you find that it is impossible to work with, then select three others and give your rationale.

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* See Appendix H, pages 94-95

I don't think we've resolved the television issue. Do you wish to video tape the critique session....you do want to do it.

COMMENT....Do we need makeup?

ERICKSON....No. I'm going to wear exactly what I'm wearing right now.

There are two other bits of instruction that I'd like to pass on to you. We would like for each of the discipline work groups to select a group leader. The group leader will be responsible for getting the planning outline to me and also for presenting the report at the critique session tomorrow. Each group will have ten minutes to give its report. I will be very strict on time.

COMMENT....How do you estimate budget allowances?

ERICKSON....I would suggest you refer to the budget section of the planning outline. Also you need to know where the small groups will meet. We'll meet at the Wyo Motel.

COMMENT....Don, are we going to reconvene after 5:00?

ERICKSON....Good question. I don't see any need to reconvene. If you can complete your work by 5:00, fine, but feel free to use the evening to complete the plan. But I do need your plans by 9:00, Room 21. They don't have to be typed as long as they are legible.

CRITIQUE OF EDUCATIONAL PLANS

ERICKSON....This session will be a critique of the educational plans designed by the seven groups in yesterday's small group meetings. Each of the seven groups will give a ten minute report. We will critique each report with a Rating Form*. After the report, I would like you to pass the completed critique form to your left to Virginia Black. Virginia, would you distribute the pads to the group? This pad has seven critique sheets; one for each educational plan. As the plan is reported to us, I'd like for you to rate each item on that list from excellent to poor or undecided. Are there any questions about the critique pad? Or what is asked of you in filling it out?

QUESTION....Do we hand it in after each report or do we hand it in at the end?

ERICKSON....Fill it out after each report then pass it to your left to Virginia Black. We would like to tally them during the session. I have Xerox copies of each educational plan. I will distribute them at the time the report is to be given.

I'm going to be quite rigid on the amount of time you have for each report. You have ten minutes and at the eight minute mark I will put up a sign indicating you have two minutes. At the ten minute mark I'll put up another sign indicating STOP! Those of you who wish to ask questions will have to do it within the ten minute period. There's no time after the ten minutes for questions and answers.

Which one of the groups would like to go first? The Hospital Administrators would like to start first.

REPORTS, SEE APPENDIX I, PAGES 96 - 117.

ERICKSON....It will take me, I would guess, at least ten minutes to finish tallying the critiques and indicate to you the plan with the highest score, so I'd like to suggest that you take a 15 minute break.

ANALYSIS OF PLAN WITH HIGHEST SCORE

ERICKSON....I've been busy totaling up the scores. The scores are fairly close in range. The highest score is 1,092 and the lowest score is 900. Now the magic moment! The plan that received the highest score, 1,092, was the nursing plan. Congratulations!

Let's spend the next 25 minutes looking at the nursing plan and commenting on why it received the highest score. What were it's strengths, also, how might it be improved?

I'm going to depend very much on you to carry on the discussion. I did not read the plans nor listen to the reports. I was tallying during the reporting. How would you like to begin?

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* See Appendix H, 94-95

COMMENT....I liked their plan because they brought the patients into it. They actually had the patients deciding and trying to relate to them what things they needed, and what things that they needed to improve. In other words, they got right down to the grassroot situation of the problem and that was to get down to patients and see what they felt, and see how they reacted.

COMMENT....I mentioned earlier on their ability. I do think this is true of most nursing groups. They have the ability to capitalize on available resources. This certainly comes through in this plan. I think their plan is well organized.

COMMENT....I might add that it looks to me that a program of this nature, looking at the target group, would be very difficult to set up. I'm not sure what they mean by the target group here. Maybe they could answer that.

ANSWER....The kind of group we had in mind were the people who work most closely with the patients, which includes the entire gamut as listed.

COMMENT....This program would be primarily a coordination of the target group around the CVA. Not particularly technical skills in each one, but a coordination of the groups, is that right?

ANSWER....I think it might include some technical skills. We included patients and families for separate reasons. With patients, we were thinking of the use of patients who had recovered from CVA who might be useful in the teaching of other patients who had not achieved the same level of recovery. We included families because many CVA patients become bedridden and need a great deal of care from other family members. We thought that some of the people at home who did not know how to care for a bedridden person might be able to say what is the part they needed to know so that, hopefully, they would learn; they would get some professional help in understanding what they must do and why they must do it.

COMMENT....I agree with family education. I think this is very important. Families have to be very understanding. I think it's very good that you include families in the target group.

ERICKSON....One thing I noticed by eyeballing the critique sheets, 80% to 90% of the ratings for each of the items was good or better. I wonder, does this mean that we have a plan that is really that good?

COMMENT....Possibly they worked harder on it than any other group. Maybe they had more to work with. I think, without any doubt in my own mind, if I, or any member in my family became a victim of CVA this would be a great thing for me to attend. Thinking that you would coordinate all of these different things, I don't know whether it's been done, but if it hasn't been done it would be a very workable plan - a very ambitious one certainly.

ERICKSON....I must also point out that there were three plans about 40 points behind the nursing plan, so there was close scoring on four plans. The nursing plan received the highest numerical score. I might suggest that you use the critique sheet as a means of looking at the strengths and weaknesses of the plan. For example, what about the rationale for the selection of need? What really was so good about that?

COMMENT....I think so far as the WICHE program covering heart, cancer and stroke, that probably the one that had the easiest choice and the one that could best blend to your program would have been nursing service. It surely wasn't in X-ray and it wasn't in dentistry. I think that heart, cancer, and stroke does blend very well with this type of program.

COMMENT....I think that the WICHE program blends better to nursing service than it does to X-ray.

ERICKSON....And that had some influence on the scoring of these plans today? Is that what you're suggesting?

COMMENT....Yes, I would suggest that.

COMMENT....The type of service that nursing is lends itself to a very versatile program, whereas in laboratory you don't have patient contact. You are restricted in certain types of plans and types of programs that you can present. Not that lab is hurting or anything of this nature, but I think the nursing program has such a well rounded ability to get out to various areas that it does tend to follow the teaching analysis that we went through a little more closely than some of the others.

ANDERSON....It would seem to me that the thing we really ought to do since it was rated on the criteria set forth by the Rating Form is to look at the items on the form and see where it met the guidelines for filling out each item and where it didn't. I assumed that it was more than a popularity contest. That if there were some basis, it probably had to do with whether or not they met the provisions we set forth yesterday.

COMMENT....Why do that? What is the big deal? The plan was liked, why dissect it?

ERICKSON....I think your questions call for an agenda clarification. I'd like to see you look at the nursing plan in light of the learning you had during the previous day and a half. Do you feel that this plan incorporated the principles of adult education which we covered during Dr. Burman's, Dr. Jensen's and Dr. Anderson's discussion?

ANDERSON....I think one thing we can do is look at it item-by-item and see whether it does this. Again, I agree with Don. I think the purpose of this session is to sort of pull together some of the learnings in the last two days and look at some specific product in which we can keep together. I would think the place to start would be looking at the instructional objectives to see if they fulfill certain criteria. Don, since you gave the criteria for instructional objectives, maybe you ought to repeat them.

ERICKSON....There are two criteria to consider. First, the content aspect and second, the behavioral aspect.

ANDERSON....I have one comment. I think one of the things that didn't come out in the last few days about instructional objectives is that if they are going to be valuable to you and to the participant they probably should be stated in terms of what it is the participant is suppose to do. And one of the things I notice here is that the nursing plan objectives are written primarily to the point of view of what the instructors will do. See what I'm talking about? In the nursing plan, the instructor will provide situations; the instructor will provide learning opportunities; the participants will engage in a discussion. All of these are essentially what it is that the teacher is going to do rather than what the student is suppose to get out of it. I think the nursing plan objectives tell pretty clearly what the instructional formats will be and what the instructors content is, but it would leave the student at a loss to know how he was suppose to be different after the instruction.

COMMENT....I don't agree because in number two, perhaps the wording is weak, but the participants are meant to determine their own learning needs, so hopefully she would come away saying, "Gee, I need to know more in this, this, and this area." In number three they were to get this introduction to understanding first, and then use peers to validate it. To me this is rather learner-oriented.

COMMENT....It isn't stated in terms of what they are expected to do, I agree, but if you say that the behavior of the student here is to determine their learning needs, then that's an objective.

ERICKSON....Rod, as I was watching the group during this dialogue, you were shaking your head. Do you have a comment?

COMMENT....I think as participants, what we were trying to do was put down what you wanted us to. In other words, we wanted to put down what we felt you, as professionals in this line, would like to hear. Maybe this is good and maybe it's not so good. The thing that I think should be brought out for the whole group is that the University of Wyoming through its adult education program provides a lot of services that we sat down and tried to list and figure out as far as the duties of a program coordinator and the budget. I wonder if everybody in the group knows that the University of Wyoming will do all these things for you. I mean this is their job, in other words, using the services of the people that we've heard speak in the last few days who are professionals. The State Dental Society has been using it for two years and these people coordinate and make all the arrangements for our speakers. They do it, as far as arrangements are concerned -- flight tickets, all these things. I think this is one thing that at least everybody should know about. I suppose it's good for us to know these things but from my own committee standpoint we don't worry about them. We try to select the need and try to pick the person that we'd like to come in, and then, we turn the mechanics over to the professional who is trained to do these things. Although the theory behind this is nice, I think from a practical standpoint everybody in the room ought to realize that the University of Wyoming is here to provide that service. It's not just for the dentists or for people in Laramie. They have people throughout the State and this is their job. That's my whole feeling.

ERICKSON....Particularly that part dealing with coordination and implementation. However, you determine the need and the types of people that you want and what you want to accomplish.

COMMENT....Right.

ERICKSON....When you are ready to implement it, then you contract with the University of Wyoming to do the leg work that's needed. I think this is a tremendous service which is available to all of us.

COMMENT....I think there's a lot of people who don't even know this service exists. I always considered adult education as the people who taught the illiterates how to read and the Spanish people how to speak English and this sort of thing. The Adult Education Department has just as much commitment to people with all the degrees that you can think of. Their education is just as important to that Department as it is to the person who can't read. This is something I didn't know until I got involved in it. Maybe others didn't know that either.

ERICKSON....I'd like to suggest another area for you to look at in the remaining time. Does this plan utilize and address itself to some of the principles that were discussed the past two days?

COMMENT....Is there any provision at all to assess it? There is a pre-test of knowledge, but I don't see any particular use of the pre-test. As far as the teaching methodology, perhaps it's a good idea to wind things up a little bit with post evaluations of learning rather than just having a reaction form to fill out. I'd like to see some way, besides the practice and the skills they've learned, to change their behavior toward their patients and determine change in their actual practice. I think we learn many things and don't put them into practice and this is where I think we have a real need.

COMMENT....I would agree with you. I think we will find that both the objectives and methodology could be made more specific. I think probably in objectives we've learned how to identify what we might teach, the need for practicing skills and evaluating some of their skills. The methodology should have provision for that also.

ANDERSON....I have a comment on evaluation. I think it gets very confusing as to what the purposes of evaluation are and I think groups have to decide why they are doing it. You decided on one here, to find out how much people know. If, for instance, you wanted to fulfill the purpose of evaluation that you indicated, it probably would be necessary to administer pre-tests sometime in advance of a program in order to have that information to feed into the program. Now that would be a different purpose of evaluation. It would be to use the information about their starting points in order to tailor instruction. I, also, generally agree with the concept that the only evaluation that means anything is what the people do differently after they get back home. This is always the hardest form of evaluation to do because it means that you somehow have to get to them for they are no longer a captive audience. Probably the best way of doing that would be by observation of them in the situations that they were suppose to be learning about. It is again very difficult to do. In hospital settings, it is more likely to get readings of changes in job performance. When people are working alone it's hard to do this other than by self reports of what they are doing differently now than what they were doing before. Or one of the other means that's used fairly widely now is review of some form of clinical record. In a clinical record you can identify how the person was performing on different criteria prior to the time he attends and then some six months afterwards. This is where all those data gathering devices we talked about yesterday - PAS and so on - fit into the scheme.

ERICKSON....We have about five more minutes of tape time. Anyone here wish to continue a point that he or she hasn't had a chance to make?

COMMENT....I think there's one point that Alex brought up; the difficulty in evaluating how much has been brought into the work and into the life of individuals. This is very difficult to assess. I feel the best way, of course, would be to go back, and maybe through some type of panel, assess how a person has changed his behavior or how he is doing. This would be excellent, but it has so many pitfalls in it regarding inter-personal communication. We have so many difficulties just trying to find out how things are back home. It has been my experience, after I attended a workshop, three months later they came out and watched how I did things. I didn't feel their evaluations were justified because there is so many different situations and so many different variables that enter into it.

ANDERSON....I think this is a question that all people in the health professions complain about, that is the demands on their time. When we stop and think about the number of hours of our life that we spend sitting in committee meetings, group discussions, seminars, continuing education courses, I think we've got to begin to demand this type of assessment for our own purposes. One of the most dramatic things that I was ever involved in in terms of pointing out to me the sheer waste of time was when I attended an Association of American Medical Colleges meeting about two years ago. One of the people that went with our group thought it might be interesting to find out how much people learned from this three day national meeting where a tremendous amount of money is spent in transportation, rooms and all the rest of it. He did a one week post-test. He asked them to recall the things they learned while they were there, identify the specific meeting, identify something about that session that was important and then he did a cost analysis of this, looking at the total amount, and he came out with a figure that for each fact that we remembered one week later had cost us $100.

COMMENT....This is sort of what was found out with this particular thing. It was nice to talk about certain things and it was very important to evaluate it, but after they evaluated things they realized that there was a wide disparity. It's very difficult actually to get back and really critically and professionally evaluate something and have it mean something. The rate of forgetting is so much faster sometimes than the rate of learning for human beings.

ANDERSON....Well, I also believe that a lot of times we forget that we're partly responsible for this. If we attend something that doesn't meet our criteria of having some pay off for us, then we really do have the responsibility of getting in touch with the people who designed the program afterwards and letting them know that, or during, if there is a possibility of changing the format of the program.

ERICKSON....That's very appropriate because we'll have a chance from 11:30 to 12 o'clock to do that very thing - that is a post reaction to the Seminar. We're out of time. We'll cue up the tape to where we started the analysis of the nursing plan and play it back for your viewing.

VIDEO TAPING FOR LEARNING AND EVALUATION. . . . . ANDERSON

Any place where the course is dealing with skills and things that people will do, video tape is a particularly effective tool because the person can perform the procedure, be video taped, and then have it played back afterwards when he is disengaged from doing it. He then can sit with an instructor and see himself in action. I think it is a very effective means of learning. I think this is true in any arena where skills are involved, such as psychomotor skills of manipulation or various procedures.

Video tape can be used to compare teachers' ability to work with groups. They can get their presentations ready ahead of time and put them on tape and then sit and look at their presentations, for instance, to see how well they are doing. You get pretty good self-reactions because you put yourself in the audience and react to it.

QUESTION....We have video tape programs in our community. It's through the Veterans Administration - at least two tapes a week. Not many health workers seem to be taking advantage of them unfortunately.

ANDERSON....You mean instructional tapes.

ANSWER....Yes.

ANDERSON....I'm not as impressed with the use of video tape as an instructional media if the tapes are canned and not part of a larger educational activity. The usual instructional video tape is really pretty dull. It's somebody giving a canned talk that would have been at least more exciting if you had been sitting in the room with him. So I think the whole business of using video tape for the purposes of just reaching people has to be reviewed because I think you've got to do something pretty imaginative with it for that purpose. This is why they've spent millions of dollars in Hollywood and other places to make video tapes that go on television really grab the audience; otherwise they'll turn off the set or they go to another channel. Well I think this is true in instruction, too. You may not turn off the set, but you certainly tune out from listening.

I think the man from the instructional studio pointed out the other night one of the places we could use video tape really very well is when there is some kind of demonstration. You can set it up once and do it - do it perfectly - and then have it on tape and use it time and time again. I think you can all think back on the number of hours you spent in education where the instructor was about to do a demonstration and the equipment wouldn't work or the patient didn't show up or something wouldn't work. Well, this type of thing you can avoid by having the perfect demonstration on tape and be sure that each time it's going to be perfect.

I think there are three things to remember about video tapes. First, for people who are learning skills, to play their own performance back to them. Another one is the whole aspect of preparing presentations so that the teachers can see themselves in action before they do it and can make corrections and alterations in it before they actually give it. And third, I think, is for the purposes of canning good demonstrations. I think if video tapes on television are going to be used as instructional media, such as broadcasting from the University to the various hospitals throughout the State on an educational network, one of the things you've got to build into that is some way to involve the person at the other end of the tube. I don't think you can just broadcast for an hour and expect to be effective. One way you can increase effectiveness is to mail out material to the target audience.

Another advantage of a video tape relates to what Don pointed out - that in learning, people learn at different paces and are ready to learn at different times and if you can put something on video tape and allow them selection to the access of it when they are ready, they can view it two or three times, whereas, somebody else might get it on one crack. That is another very valuable use of video tape. It could be self-instruction on demand.

QUESTION....How much does it cost?

ANDERSON....Equipment selection and the cost of it is highly dependent upon what the use will be. For instance, I've forgotten how many thousands of dollars he was talking about in your studio on campus. Well, this is suppose to be for professional productions, but you can now get units for about $1500 that include a small camera, a monitor and playback equipment. These little portable Sony units are really inexpensive, and for practical use - you know, for taking it from ward to ward or to various parts of the hospital - are very practical and I think within the budget of most institutions that have real use for it. They are really very good - remarkably good performance.

QUESTION....How durable are video tapes?

ANDERSON....A good tape can be used 300 times. Just erase it and use it over again. Of course, this is the big advantage over film. One of the other uses that we haven't talked about very much should be mentioned here. I think anybody who is involved in the process of interviewing patients can get a tremendous amount out of viewing their interview once it has been recorded. You see things that you didn't see the first time; see some of your skills and performance, pick up cues, non-verbal things that went on between the patient and the interviewer that you were so busy in the action you didn't get a chance to observe. I think as a training technique for interviewing people, it is invaluable. In Illinois, we set up a small unit in the medical out-patient clinic. The students, interns and residents signed up for the use of that particular room. All they had to do was flip on the switch and go in and video tape themselves during a 45-minute interview or do a physical examination. We required the patient to fill out a photographic permission form in advance. It essentially says this is for educational purposes and won't be used beyond that. We found this very helpful both in picking up things in style as well as information from the patient.

EVALUATION AND REACTIONS. . . . . ERICKSON

Thank you for the vignette, Alex. We are coming up to the close of the Seminar. There are two parts to this closing session. First we would like your reactions to the Seminar. I would like for you to fill out an evaluation form*. It's a short form. Check whether you feel you agree or disagree with each item. Afterwards we will have an open discussion about the Seminar. Would you add your birth date to the form?

DISCUSSION

COMMENT....I made a comment on my evaluation slip that I feel that WICHE hasn't done very much for me or for my profession. However, WICHE has afforded an opportunity for us to express what we could do for $500. Isn't it remarkable that for $500 or for $3500 we could do something that would benefit many people in the State.

ERICKSON....Anything else someone would like to say - rub your mad spot; rub your good spot?

QUESTION....What has WICHE accomplished? How much money has WICHE got and what have they done with the money they have got?

ERICKSON....At the beginning, we hired staff to study....

COMMENT....Hired a staff to do what? What have they done - I mean, really! What programs do you have going?

ERICKSON....Currently, we have eight programs that we are funding. One is a project with the Gottsche Rehabilitation Center. It's an exchange program where nurses and nurse aides from a community hospital go to Gottsche for a week. In turn, a nurse from Gottsche along with a physical therapist go to the community hospital. They exchange learning activities about the care of stroke patients.

We're now proposing a statewide continuing nursing education project. Virginia may wish to speak to us if you want more information on this project. We plan to have a series of seminars to implement the programs you have outlined in your educational plans.

COMMENT....Well, why wasn't this brought up when the meeting began - at the beginning. We began this meeting without knowing anything - no-how, no-why, no-nothing. I didn't know what was going on and I don't think anybody else did. Certainly you didn't tell me how to motivate these guys. I'm an instructor but if I'm going to motivate someone to learn, you need to tell me how to do this. I haven't really learned how.

ERICKSON....That's good feedback. Thank you.

COMMENT....I think perhaps - giving a partial answer to that - I think many times we miss the idea. We don't recognize the difficulty and fine points of individualized learning. Learning how to learn or how to help others learn is not easy. I think we're trying to learn how to interact and perhaps that's the best way to learn - just what we've done here. We're used to having things itemized and say, okay you have 1,2,3,4 and then A,B,C on that and then you do 4,5,6 and all the students are perfect and react properly, and of course, this isn't true anymore. I think this is one of those things that I feel.

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* See Figure 1., pages 62-63

COMMENT....I think one of the things that Alex brought out was the fact that learning is a very individualized thing and a different method will reach a different person. I think the same thing is true of the teacher. Each of us has an individual responsibility to figure out in what way we might be effective teachers and take it from there.

COMMENT....Don, maybe I can express some concerns. I think many people nowadays are looking with a jaundiced eye at federal programs. They are questioning: are we getting a dollar's benefit from a dollar's investment? I think we are looking at this thing not only in Wyoming, but we are looking at it from the national point of view. I think many of us have seen programs continue indefinitely. Programs that should have functioned to accomplish X number of tasks and then the program might have been discontinued. There is fear that often times activities generate activities and I think this is one concern of this group - what now? The things we participated in here I think were good and I think they were beneficial. I have a teaching background so many of the concepts were familiar to me; however, I'm sure they were not to others. I think many of the participants are wondering - what now? What is their charge? What is their responsibility related to the dollars that have been spent in the last two and a half days? What do we do when we get back in our community? Are we theoretically better qualified now to head up continuing education programs in our own institution, community or whatever, or will we fall back into the same slot and another group will be brought in for a similar kind of experience. I think these are honest concerns and I would guess they express some of the thinking of many of the individuals - how were they selected, why and what is their charge now?

ERICKSON....You raise a number of points and I think I will react to a couple of them. First, I think what you do with what you received here will be somewhat individualized. I would hope that you would use the information and learning that you obtained during the past three days or ideas that come to you as a result of this learning experience, to work with our Program in establishing continuing education programs for your colleagues in your community hospital. I am available to work with each of you in planning your program. Relative to continuing education for nurses, we have a full time nurse specialist in the person of Virginia Black.

I would also like to suggest, for your consideration, for those who come from one community to organize an interdisciplinary planning committee with a view toward short and long term educational planning. Virginia, would you like to say a word about the continuing nursing education project?

BLACK....A proposal will be submitted to the Regional Medical Program Services the first of April. It proposes to "train the trainer" and to use the home base of the learner as the teaching laboratory. "Train the trainer" means we would like to assist particularly the nurses who are in in-service positions or, in many instances, the person who has this responsibility, to learn more about how adults learn, educational planning, teaching and evaluation.

ERICKSON....Virginia also plans to work with X-ray technicians and medical technologists. We hope to evolve continuing education plans for both groups.

COMMENT....I have a feeling of apprehension because I don't feel like I know what WICHE is and what it is trying to do. I have sort of a mysterious feeling. I am not really getting the drift of what WICHE is going to do for me.

ERICKSON....Possibly, at the beginning of this Seminar, we should have spent more time describing our present and future activities.

COMMENT....Well, I think you're right, I really do, and I think once you can convince us that you've got something that we want, we'll push and we'll get it.

COMMENT....I would like to take issue with you for a minute here. I don't expect WICHE to do anything for me or for my hospital.

COMMENT....I am concerned about overlapping out of Salt Lake City, out of Montana, out of Denver. I do not know the basic philosophy and perhaps somebody could tell me what it is.

ERICKSON....Well, I would suggest, seeing that a very emergent need is coming out of this, that I take the responsibility of gathering some information about what we have done, what we are doing, and mail it out to all of you. Of course, this action doesn't satisfy your need right now, but within a couple of weeks at least you will have descriptive information in writing about our Program. Whatever we say now I don't think will be understood unless we take the time to explain where we've been and where we are and where we hope to go. I think this in itself would probably take......

COMMENT....Suppose we don't like what you send us. We don't have to accept it.

ERICKSON....Well, you may not accept it, but at least you will know more about our activities.

COMMENT....I don't believe you folks really know what WICHE is yourself.

ERICKSON....Well, we will get the information to you and if you still feel the same way maybe we can get together and resolve it. I want to cut the discussion at this point. I know you have to check out of your motel by 1:00. Thank you very much for your constructive comments. When you have completed the Post-test, place it on the table in the front of the room and pick up a copy of the answer sheet.

IMMEDIATE REACTIONS TO SEMINAR RECORDED ON EVALUATION FORM

Figure 1. shows a tabulation of responses from twenty participants to twenty-four statements relative to value of Seminar, instruction, group process, and Seminar objectives and organization. Tables I-V illustrate detailed analyses for the foregoing factors. Figure 2. lists comments and suggestions for improving the Seminar.

Table I summarizes the responses. Forty-seven percent agreed that the Seminar was valuable; 30% disagreed and 23% were undecided to its value. Fifty-nine percent were satisfied with instruction; 19% were dissatisfied and 22% were undecided. Seventy-six percent indicated satisfaction with group process; 14% were not satisfied and 10% were undecided.

Reactions to purposes and objectives are recorded in Table V. More than half of the participants, 12 out of 20, indicated program objectives were not the objectives they expected (item 4). There was a lower degree of disagreement with clarity of purposes, 6 out of 20 (item 1); nine of the participants considered program objectives to be unrealistic (item 2). Slightly less than half of the group were undecided to work efficiency (item 3) and to consistency of Seminar organization to purposes (item 18).

Reactions to purposes and organization of Seminar are further illustrated by participants' written comments, Figure 2. These comments reflect some common concerns about relevancy and applicability of learning activities to back home situations. Some felt there was too much emphasis on "theory" and expressed the desire for earlier problem-centered activities. The reactions to the interdisciplinary setting were mixed. Some wanted interdisciplinary small group sessions, while others stressed the desire for greater focus by individual disciplines.

FIGURE 1.

EVALUATION FORM*

Name of Program KNOW-WHY & KNOW-HOW SEMINAR Place LARAMIE, WYOMING Date February 12-14, 1970

Response choices are as follows: SA-Strongly Agree, A-Agree, U-Undecided, D-Disagree, SD-Strongly Disagree.

1.	The purposes of the program were clear to me.	SA 1	A 8	U 5	D 4	SD 2
2.	The objectives of this program were not realistic.	SA 2	A 7	U 4	D 5	SD 2
3.	Specific purposes made it easy to work efficiently.	SA	A 4	U 9	D 5	SD 2
4.	The program objectives were not the objectives I expected.	SA 3	A 9	U 3	D 3	SD 2
5.	I didn't learn anything new.	SA	A 4	U 4	D 9	SD 3
6.	The material presented was valuable to me.	SA	A 12	U 6	D 2	SD
7.	I could have learned as much by reading a book.	SA	A 3	U 4	D 10	SD 3
8.	Possible solutions to my problems were considered.	SA 1	A 8	U 1	D 9	SD 2
9.	The information presented was too elementary.	SA	A 2	U 3	D 10	SD 5
10.	The instructor(s) really knew their subjects.	SA 4	A 12	U 4	D	SD
11.	I was stimulated to think objectively.	SA 1	A 14	U 6	D	SD
12.	We worked together as a group.	SA 2	A 13	U 2	D 2	SD
13.	We did not relate theory to practice.	SA	A 8	U 4	D 6	SD 2

* Based on responses from 20 participants.

EVALUATION FORM Continued

		SA	A	U	D	SD
14.	There was very little time for informal conversation.	1	4		13	2
15.	I did not have the opportunity to express my ideas.		1		16	3
16.	I really felt myself to be a part of this group.	1	10	6	2	1
17.	My time was well spent.		10	5	3	2
18.	The organization of the workshop was consistent with its purposes.		9	8	3	
19.	I received no guide for further action.		3	5	12	1
20.	Too much time was devoted to trivial matters.	1	6	6	7	
21.	The information presented was too advanced.	1	5	5	8	1
22.	The content presented was not applicable to the work I do.	1	7	5	5	2
23.	Programs of this nature should be offered again in the future.		9	6	5	
24.	Programs such as this will contribute little to changes in my practice.	1	6	5	8	

If you have comments or suggestions for program improvement, please write them below.

KNOW-WHY & KNOW-HOW SEMINAR

ON THE PROCESS OF CONTINUING EDUCATION

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TABLE I

ANALYSIS OF EVALUATION FORM

EVALUATION FACTORS	PERCENT RESPONSE[4]				
	SA	A	U	D	SD
Valuable Seminar[1]	4	43	23	26	4
Satisfied with instruction[2]	10	49	22	17	2
Satisfied with group process[3]	10	66	10	11	3

1. See Table II
2. See Table III
3. See Table IV
4. Based on responses from 20 evaluation forms.

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TABLE II

FACTOR ANALYSIS OF EVALUATION FORM

ITEMS RELATED TO VALUE OF SEMINAR

			NUMBER OF RESPONSES			
	ITEMS	SA	A	U	D	SD
5.	I didn't learn anything new**	3	9	4	4	
6.	The material presented was valuable to me		12	6	2	
8.	Possible solutions to my problems were considered	1	8	1	9	2
17.	My time was well spent		10	5	3	2
22.	The content presented was not applicable to the work I do**	2	5	5	7	1
23.	Programs of this nature should be offered again in the future		9	6	5	
24.	Programs such as this will contribute little to changes in my practice**		8	5	6	1
	TOTAL	6	61	32	36	6
	Percent Response to Value	4%	43%	23%	26%	4%

** Responses to item reversed for analysis, i.e. to indicate positive score, SD responses recorded under SA and D responses recorded under A.

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TABLE III

FACTOR ANALYSIS OF EVALUATION FORM

ITEMS RELATED TO SATISFACTION WITH INSTRUCTION

	NUMBER OF RESPONSES				
ITEMS	SA	A	U	D	SD
7. I could have learned as much by reading a book**	3	10	4	3	
9. The information presented was too elementary**	5	10	3	2	
10. The instructor(s) really knew their subjects	4	12	4		
11. I was stimulated to think objectively	1	14	6		
13. We did not relate theory to practice**	2	6	4	8	
19. I received no guide for further action**	1	12	4	3	
20. Too much time was devoted to trivial matters**		7	6	6	1
21. The information presented was too advanced**	1	8	5	5	1
TOTAL	17	79	36	27	2
Percent Response to Satisfaction with Instruction	10%	49%	22%	17%	2%

** Responses to item reversed for analysis i.e., to indicate positive score, SD responses recorded under SA and D responses recorded under A.

KNOW-WHY & KNOW-HOW SEMINAR
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TABLE IV

FACTOR ANALYSIS OF EVALUATION FORM

ITEMS RELATED TO SATISFACTION WITH GROUP PROCESS

ITEMS	NUMBER OF RESPONSES SA	A	U	D	SD
12. We worked together as a group	2	13	2	2	
14. There was very little time for informal conversation**	2	13		4	1
15. I did not have the opportunity to express my ideas**	3	16		1	
16. I really felt myself to be part of this group	1	10	6	2	1
TOTAL	8	52	8	9	2
Percent Response to satisfaction with group process	10%	66%	10%	11%	3%

** Responses to item reversed for analysis i.e., to indicate positive score, SD responses recorded under SA and D responses recorded under A.

KNOW-WHY & KNOW-HOW SEMINAR

ON THE PROCESS OF CONTINUING EDUCATION

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TABLE V

MISCELLANEOUS ANALYSIS OF EVALUATION FORM

ITEMS ON PURPOSE, OBJECTIVES & ORGANIZATION OF SEMINAR

ITEMS	NUMBER OF RESPONSES SA	A	U	D	SD
1. The purposes of the program were clear to me	1	8	5	4	2
2. The objectives of this program were not realistic**	2	5	4	7	2
3. Specific purposes made it easy to work efficiently		4	9	5	2
4. The program objectives were not the objectives I expected**	2	3	3	9	3
18. The organization of the workshop was consistent with its purpose		9	8	3	

** Responses to item reversed for analysis i.e., to indicate positive score, SD responses recorded under SA and D responses recorded under A.

FIGURE 2.

KNOW-WHY AND KNOW-HOW SEMINAR
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SUGGESTIONS FOR PROGRAM IMPROVEMENT FROM EVALUATION FORM

In my opinion WICHE has done very little for my profession. However it was interesting to note that if $3,500.00 was made available to 7 disciplines that each could employ a program vital to its needs and the people of this state. In blind comparison to WICHE's budget - it bears some consideration!!

Would like to evaluate an actual C.E. Forum or workshop as a guise to how we can improve presentation, implementation and practitioner attendance.

I personally enjoyed the speakers. I find it difficult to see how the objectives will help our discipline in the future. Believe the best idea of program was to bring the various disciplines together and discuss mutual problems. This idea should be continued in the future.

After talking about all of the health team members working together and getting to know each other better when it came to small groups we went back to our own areas. I wondered if we couldn't have had each group have different health team members in it. I felt very inadequately prepared for this seminar and therefore did not feel as if I have learned much that will help me.

Perhaps more could be done in small groups or problems specifically related to that discipline. I felt the overall interaction was very good, and the faculty selected did a nice job. Discussion was valuable and I believe revealed some mutual as well as special problems in presenting post-graduate type programs.

Don, first of all I enjoyed Drs. Burman, Jensen and Anderson. There is no doubt they are experts in their fields. However, I am not sure the CE programs will be much different because of their talks (I am speaking strictly dental-also just for myself). I enjoyed their presentations very much and I think I understand some things about Adult Ed. that I never realized. However, I don't see much change in the programs etc. that we have planned for the dentists of Wyoming. I don't feel that we as dentists had much in common with any group there as far as CE situations. Therefore, not much gained by hearing their different problems. I think, if as dentists, we could have been exposed to the same material with our own dialogue we may have gotten the same material in much less time. In summation - I think to evaluate your program I must consider the material I can take back to my group with the time I spent getting this information. At this rate *your* program cost me a great deal of money - I don't mean to say I didn't enjoy the program, but for the time (money in my case) spent and the amount learned I don't think I could afford to attend another conference like this one. I appreciated your efforts and would be happy to discuss some of these points with you sometime.

Had I known the content of the seminar I would not have been present.

It will take time to truly assess the full impact of this program.

The reasons for the program were never made clear! How were the people chosen? Was the intention for me to go back and put this to practice?

The title and objectives were not clear as was evident in conversations with many participants; I would suspect this to be true with many regarding the application. One big improvement, better preparation for the Saturday sessions. Participants did not know what was going to be done and I would guess the tape itself would reveal a real dud.

1. The expectations of the participants (post-Seminar) should be more clearly defined.
2. The group had some problems understanding:
    a. Why they were selected
    b. How they were selected
    c. What are they expected to do as a result of participation
3. Most Seminars are problem oriented. I feel that some participants had difficulty following a course of activities that presented the degree of freedom we were offered.
4. Don't schedule formal activities after 4:00.

I thought there would be more information given on how to handle small in-service groups in a small hospital and not so much on a larger scale program.

I believe more emphasis should have been placed on "motivation" of the individual for C.E. I don't particularly believe this is the type of program that will help our Wyoming problems, as it was presented.

Too much time was spent with some background things where there should have been more attention given to the actual problems of the field we are all in (medicine) and in the problems of planning continuing education in the field of medicine.

Some of the material presented or the amount of time spent on it - I felt was not valuable - such as the amount of time to tour the audio-visual equipment and then back again for the taping of the last morning session. I didn't feel I learned much @ all from it except that it was interesting to see and know how it is available. The discussion that was taped perhaps would have been better if it had been in a "classroom" and this is one aspect that I feel really needed feedback on.

Work sessions were too concentrated. Abstract conceptualization continued too long. Application of ideas would have been more fruitful if task-oriented groups were set to work sooner. Size of total group was too large to allow much exchange of ideas. Leaders were skilled - I would have liked more focusing efforts from them. Organization of teaching learning experience was good. Unfortunately, differences in level of learner readiness impaired progress. For future planning, I would recommend administration of the pretest prior to meeting - then form interdisciplinary subgroups considering learning needs. Some matters presented seemed vague and abstract. We should have been allowed to work on specific projects when properly motivated - i.e. after Dr. Anderson's talk. I felt confused at times, but perhaps after a review of notes, this will be clarified. Seemed that several people expected "pat" answers or definite programs (discipline oriented) shoved at them and were therefore resistant to the program presented.

Earlier opportunity for participants to practice skills with smaller allotment of work on each task with interval feedback.

ANALYSIS OF PRE-POST TEST SCORES

A paper and pencil test was used to test and retest participants before and after Seminar activities. The pre-test was administered the first day and the post-test was given at the closing session of the Seminar. Participants had approximately thirty minutes to complete each test.

The test has three sections, see Appendix A. Section A asks the participant to indicate his degree of agreement or disagreement to twelve statements relative to adult learning and adult education. Section B asks seven knowledge-comprehension questions with multiple choice answers. Section C asks the participant to describe how he would analyze the quality of educational planning and design.

Test items are keyed to instructional objectives of the Seminar; however, this analysis will not report criterion-success for each instructional objective. Rather, the intent here is to report overall Seminar performance. To do this, a minimum level of performance (MLP) was established for each Section of the test, which in turn, provides criteria for overall Seminar minimum level of performance.

Minimum levels of performance for Sections A, B, C are as follows:

A - an increased percentage of agreement on post-test over pre-test or a percentage of 75 or more on post-test

B - a 10 point increase on post-test over pre-test or a score of 25 or more on post-test; maximum score 35

C - a score of 6 or more on post-test; maximum score 14

Achievement of MLP for the Seminar requires the participant to obtain at least two out of three Section MLPs. This scoring system can be seen by referring to Figure 3. For example, the participant with a birth date of 8-1-23 did not achieve minimum level of performance for the Seminar. This participant obtained one Section MLP (Section A) but needed at least two Section MLPs to score an overall MLP for the Seminar.

Prior to the Seminar, criterion-success for the Seminar was arbitrarily set at 60 percent i.e., 60 percent of participants should reach Seminar MLP. The column headed "Seminar MLP" of Figure 3. indicates that 16 out of 22 or 73 percent of participants scored Seminar MLP. Therefore, criterion-success for the Seminar was surpassed by 13 percentage points.

Further analysis of Figure 3. points out that participants' average post score increased over pre score for all Sections: 11 percentage points for Section A, 9 points for Section B, and 1 point for Section C.

Finally, high achievers for the Seminar, those scoring MLP for all Sections were: birth dates 7-14-26, 4-2-29, 10-9-29, 6-15-35, 11-7-35, 4-28-36, 12-31-41 and 5-25.

FIGURE 3.
KNOW-WHY AND KNOW-HOW SEMINAR
ON THE PROCESS OF CONTINUING EDUCATION
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ANALYSIS OF PRE AND POST TEST SCORES

	SECTION A Percent Agreement			SECTION B			SECTION C				
BIRTH DATE	POST	PRE	MLP[1]	POST	PRE	MLP[2]	POST	PRE	MLP[3]	SEMINAR	MLP[4]
8-1-23	75	59	yes	15	10	no	4	2	no	1	no
11-30-23	67	67	no	20	20	no	2	0	no	0	no
10-17-25	75	63	yes	25	20	yes	2	2	no	2	yes
7-14-26	75	41	yes	25	15	yes	11	6	yes	3	yes
11-6-26	67	67	no	30	20	yes	4	4	no	1	no
1-13-27	59	71	no	15	20	no	6	9	no	0	no
4-2-29	79	75	yes	30	30	yes	12	9	yes	3	yes
10-5-29	50	67	no	25	20	yes	6	4	yes	2	yes
10-9-29	87	67	yes	20	5	yes	8	4	yes	3	yes
12-26-30	95	91	yes	30	25	yes	DNA	2	no	2	yes
12-20-32	83	75	yes	25	15	yes	4	6	no	2	yes
8-4-33	67	67	no	15	15	no	4	2	no	0	no
3-26-35	67	50	yes	20	15	no	6	3	yes	2	yes
6-15-35	83	75	yes	30	25	yes	6	4	yes	3	yes
11-7-35	67	59	yes	25	20	yes	8	2	yes	3	yes
4-16-36	71	67	yes	25	20	yes	DNA	2	no	2	yes
4-28-36	75	71	yes	35	30	yes	6	7	yes	3	yes
4-1-39	59	83	no	25	20	yes	6	2	yes	2	yes
11-3-39	67	41	yes	30	5	yes	2	2	no	2	yes
12-31-41	79	75	yes	30	10	yes	8	6	yes	3	yes
5-25	83	75	yes	25	30	yes	8	8	yes	3	yes
7-23	79	67	yes	5	5	no	DNA	0	no	1	no
	73	62	16 MLP[1]	24	16	16 MLP[2]	6	5	11 MLP[3]		16 MLP[4]

MLP = Minimum Level of Performance
1 - an increased percentage of agreement on post test over pre test or a percentage of 75 or more on post test.
2 - 10 point increase on post test over pre test or a score of 25 or more on post test.
3 - a score of 6 or more on post test.
4 - at least 2 out of 3 Section MLPs.
DNA = Did not answer

APPENDIX A

KNOW-WHY AND KNOW-HOW
SEMINAR ON CONTINUING EDUCATION

PRE-POST TEST ANSWER SHEET

Your Birth Date ____________

Date ______________________

A. The following series of statements have been drawn from the literature on Adult Education. For each statement please indicate with a (✓) on the rating scale the position which most nearly reflects your opinion or position regarding the statement. Some of the statements are based on the findings of research whereas others merely reflect certain attitudes or opinions of others. Incidentally, the "others" may or may not be warranted.

1. Adults can learn to read a foreign language as easily as adolescents.

3	2	1	0	1	2	3
(agree)			undecided			disagree

2. When confronted with unfamiliar problems adults are likely to give answers quite as self-contradictory, inconsistent and naive as children do.

3	2	1	0	1	2	3
agree			undecided			(disagree)

3. The group discussion technique is superior to the lecture in bringing about attitude change.

3	2	1	0	1	2	3
disagree			undecided			(agree)

4. With advancing age it becomes increasingly difficult to learn new and unfamiliar materials.

3	2	1	0	1	2	3
agree			undecided			(disagree)

5. In general, the speed of learning in adults decreases with age.

3	2	1	0	1	2	3
(agree)			undecided			disagree

6. A primary reason why we find so much apathy concerning continuing education is because of the low quality programs offered to health workers.

3	2	1	0	1	2	3
disagree			undecided			(agree)

7. To be an effective planner of continuing education programs does not require a thorough understanding of the principles of program planning or democratic leadership.

3	2	1	0	1	2	3
agree			undecided			(disagree)

8. The primary goal of continuing health education is improved patient care.

3	2	1	0	1	2	3
disagree			undecided			(agree)

9. Drill and practice have no real function in adult learning because repetition leads only to rote learning.

3	2	1	0	1	2	3
agree			undecided			(disagree)

10. Motivation although important is not essential to adult learning.

3	2	1	0	1	2	3
agree			undecided			(disagree)

11. There is no scientific evidence that any one teaching method is superior to another.

3	2	1	0	1	2	3
(agree)			undecided			disagree

12. Educational evaluation need not be an integral part of the thinking of continuing health education planners.

3	2	1	0	1	2	3
agree			undecided			(disagree)

B. The next set of questions have multiple choice answers. Circle only one answer for each question.

1. Instructional objectives describe:

   a. subject-matter to be covered
   b. teaching method to be used
   (c.) expected level of student learning after instruction
   d. all of these

2. Which of the following does not provide for an effective group:

   a. a clear understanding of its purposes and goals
   (b.) leader determines group activities
   c. is flexible in selecting its procedures as it works toward its goals
   d. satisfies individual needs
   e. emotional behavior is tolerated

3. The primary consideration in developing an educational program should be:

   a. subject areas which leaders have identified
   b. the number of meetings which will be required
   c. the availability of instructional "expertise"
   (d.) the expressed concerns of prospective learners
   e. ways of motivating prospective learners

4. The most effective way of involving individuals in educative activities is to:

   (a.) create an educational setting which serves a variety of personal needs
   b. try selling them on the importance of continuing education
   c. have the "boss" tell them to get involved
   d. base promotions and salary increases on educational up-dating
   e. have them serve on an educational advisory committee

5. It is desirable for learners to share in shaping areas of study because:

   a. it is an effective motivational technique
   b. authorities in the field recommend it
   (c.) it creates a more meaningful relationship between learner and subject to be studied
   d. learners are best able to identify their needs
   e. individuals learn only what they want to learn

6. For a goal to be effective in influencing an adult's behavior:

    a. it should be translated into an immediately attainable outcome
    b. he should see it as the end result of a connected sequence of actions
    c. he should have selected the goal himself
    d. he should be rewarded in his efforts to attain the goal
    (e.) all of these

7. Knowledge of how well we do on a task:

    a. lowers our level of aspiration
    b. makes the task somewhat less interesting
    c. makes us too anxious
    d. takes enjoyment out of learning
    (e.) improves our performance

C. The last question requires a written answer.

1. Suppose you had to make a decision to finance the cost of one of two educational programs for your colleagues. Both programs would cost about $500 to put on. List briefly, in outline form, what you would want to know about the educational planning components of each program before you make your decision.

Answer should reflect knowledge of these components:

A. documentation of need
B. statement of purpose
C. list of instructional objectives
D. teaching methodology appropriate for objectives
E. provision for educational evaluation
F. coordination of educational activities
G. breakdown of budget

Additional comments reflecting higher level knowledge:

1. target audience is involved in planning program
2. objectives are clearly defined in terms of expected student learning
3. teaching methodology provides for practice of new learning
4. evaluation includes assessment of student learning

APPENDIX B

KNOW-WHY AND KNOW-HOW

SEMINAR ON CONTINUING EDUCATION

February 12-14, 1970
Laramie, Wyoming

PROGRAM

TIME AND PLACE	CONTENT	METHOD
Pre-conference	1. Invitation - Applications	
	2. Orientation material a. Solicit student interests	
	3. Pretest Materials	
Thursday February 12		
11:00 - NOON SENATE ROOM	FACULTY ORIENTATION	
NOON - 1:00 P.M. SENATE ROOM STUDENT UNION	REGISTRATION	
1 - 2:30 P.M. SENATE ROOM	OPENING SESSION #1	
10 min.	1. Introduction	1. By C.O. Grizzle, M.D. Dir. WICHE-MS/RMP, Wyoming
	2. Pretest	2. Paper and Pencil Test
	3. Purpose of Seminar and Objectives	3. By D.L. Erickson, Seminar Coordinator
	4. Opportunity for Student comments, questions and suggestions for changes	4. Discussion by Seminar Coordinator
2:30 - 3:00 P.M.	COFFEE BREAK	
3:00 - 5:00 P.M.	HOW ADULTS LEARN - SESSION #2	
	1. Psychological aspects of adult learning	Faculty: Arthur Burman, Ed.D
60 min.	2. Ways adults learn	Allow student questions for clarification during presentation; develop workable definition of learning
	3. Barriers to adult learning- general terms	

TIME & PLACE	CONTENT	METHOD
STAND-UP BREAK 60 min.	4. What are the implications back home	Reactor Panel: Three predetermined students react (5-10 min.) to presentation; subsequently, open up to general discussion-speaker participates, conclude session by listing implications identified. 1. Rod Chisholm, D.D.S. 2. Jim Haller, M.D. 3. Evelyn Patrick, R.N.
5 - 6:00 P.M.	BREAK	
6:00 - 7:30 P.M. KNIGHT HALL	DINNER MEETING - SESSION #3 1. A/V demonstration - sights and sounds	1. Alexander Anderson, M.D.
	2. Prepare students for independent study re "How do I learn"	2. Distribute mimeograph outline "How do I Learn"
7:45 - 9:00 P.M.	ADULT EDUCATION MATERIALS - SESSION #4	Tour of Educational T.V. Studio, Audiovisual Center and Adult Education Library
9:00 P.M.	ADJOURN FOR INDEPENDENT STUDY "How Do I Learn"	Encourage students to utilize library materials
Friday February 13		
8:30 - 10:00 A.M.	SIMILARITIES AND CONTRASTS OF ADULT LEARNING - SESSION #5	Faculty: Glenn Jensen, Ed.D. Students comment on How They Learn - use "How Do I Learn" outline as discussion guide
10 - 10:30 A.M.	COFFEE BREAK	
10:30 - NOON SENATE ROOM	HOW ADULTS LEARN IN GROUPS - SESSION #6	Faculty: Alexander Anderson, M.D.
	1. Touch on research findings	
	2. Types of learning facilitated by group setting; types of groups	
	3. Specific barriers to learning in groups	

TIME & PLACE	CONTENT	METHOD
NOON - 1:30 P.M.	LUNCH - NO PLANNED ACTIVITIES	
1:30 - 3:00 P.M.	PROGRAM PLANNING FOR CONTINUING EDUCATION - SESSION #7	Faculty: D.L. Erickson
	1. Importance of CE	
	2. Sources of Educational Needs	
	3. Specification of Instructional Objectives	
	4. Educational Design	Distribute continuing education planning checklist
3:00 - 3:05	STAND-UP BREAK	
3:05 - 3:30 P.M.	ORIENTATION TO WORK SESSION - SESSION #8	By Seminar Leader: D.L. Erickson Allow for comments, questions and clarification
3:30 - 5:00 WYO MOTEL Rooms to be announced	PLAN AN EDUCATIONAL ACTIVITY FOR COMMUNITY-HOSPITAL COLLEAGUES (Discipline oriented)	Distribute WICHE-MS/RMP SURVEY Students divide into discipline oriented small groups; each group selects a leader
	1. Identify three CE needs	
	2. Establish a priority need for topic of educational program	PT and Hospital Administrators plan a statewide or district educational meeting
	3. Outline plan for program	
	4. Assume a budget of $500	
5:00 P.M. WYO MOTEL	RECONVENE SEMINAR TO DETERMINE IF SMALL GROUPS WANT TO CONTINUE MEETING IN THE EVENING	
5:15 - 7:00 P.M.	DINNER - NO PLANNED ACTIVITIES	
7:00 - 9:00 P.M. WYO MOTEL	EVENING MEETING IF NEEDED - SESSION #9	Continue small group meetings submit program outlines to Seminar Coordinator

TIME & PLACE	CONTENT	METHOD
Saturday February 14		
8:30 - 10:00 A.M. Educational - TV Studio; Physical Science Bldg.	CRITIQUE OF EDUCATIONAL PLANS - SESSION #10 VIDEO TAPE THIS SESSION	Each small group reports it's plan to seminar group; outline of plan distributed to students; students score each plan
	Identify Model for Planning a C.E. Program	Analysis of plan receiving highest score lead by: D.L. Erickson
10:00 - 10:05 A.M.	STANDUP BREAK	
10:05 - 11:30 A.M.	PLAYBACK VIDEO TAPE	
11:30 - 12:30 P.M. Adult Education Classroom: Aven Nelson Bldg.	CLOSING SESSION #11	
	1. Reactions to Seminar	1. Reaction Form Discussion period, including reactions to video tape feedback
	2. Assess student learning	2. Post test of paper and pencil test; distribute correct answers at close of session

12/8/69
REV 12/12/69
REV 12/16/69
REV 1/16/70

APPENDIX C

KNOW-WHY AND KNOW-HOW CONTINUING EDUCATION SEMINAR

FEBRUARY 12-14, 1970

LARAMIE, WYOMING

GOALS

1. To stimulate interdisciplinary planning for continuing education
2. To develop continuing education planning groups in selected community hospitals.
3. To list educational implications of MS/RMP Survey on Continuing Education Needs for Health Professions.

INSTRUCTIONAL OBJECTIVES

1. Knowledge of the theory of adult learning.
2. Knowledge of interpersonal relationships which influence learning in groups.
3. Knowledge of adult education resources at the University of Wyoming.
4. To practice application of a working model for planning hospital-based continuing education programs. Elements of model include:
   a. sources of educational needs
   b. setting priorities
   c. instructional objectives
   d. teaching-learning methodology
   e. evaluation
   f. budget
   g. coordination of education activities
5. Analyze the relationships between adult learning and educational design as they relate to continuing education.
6. Accept the ability to learn as a lifetime capacity.

APPENDIX D

KNOW-WHY AND KNOW-HOW CONTINUING EDUCATION SEMINAR
February 12-14, 1970

HOW DO I LEARN?

A PERSONAL INVENTORY

1. What kinds of learning have I undergone?

   a. Learning facts and ideas (give personal examples)

   b. Learning new skills (give personal examples)

   c. Learning new values, attitudes, interests (give personal examples)

2. How do I know when I've learned? What are my personal criteria for learning?

3. What experiences have I learned from?

   a. What did I learn from these experiences?

   b. Why did I learn from these experiences?

4. What classes have I learned the most from?

   a. What factors and conditions (teacher, methods, my motivation, subject, etc.) seemed to contribute to this intense learning experience?

   b. What classes have I learned the most from?

5. Has most of my significant learning taken place as a result of:

   1) courses I attended

   2) personal reading

   3) discussion with friends

   4) preparation for my own teaching

   5) personal experiences

   6) some other personal or group activity (specify)

a. Try to rank these learning experiences in terms of their relative meaning to you.

b. Discuss the reasons why some types of learning experiences have been more meaningful than others.

6. How much do I know about "how I learn"?

   a. List any generalizations you can about how you learn most effectively.

   b. Keep in mind the following variables:

      1) The type of learning I've been engaged in (subject-matter, new skills, new attitudes, etc.)

      2) My motivation in learning (degree, salary schedule, job, personal interest, personal problem-solving, etc.)

      3) The general principles of learning (the psychology of learning) - to what extent do they apply to me?

      4) The life-stage at which the learning took place (child, adolescent, young adult, middle-age adult, etc.)

      5) Whether the learning took place under formal (classroom) or informal conditions.

      6) What kind of person (his personal characteristics) do I seem to learn from?

      7) The teaching methods and techniques that seem to be most effective with me.

APPENDIX E

CHECK LIST AND BUDGETS FOR PLANNING THE MEETING PROGRAM

1. What is the specific objective of the planners?

   a. Is it realistic?

2. Who is the audience?

   a. What do we need to know about them before the meeting?

3. How long is the meeting to last?

4. What subject material do we want to present?

   a. Is it related to the objective?

5. What is the logical order of presentation of the subject material?

6. Should we present the material in logical order? If not, why not?

7. What are the plans for working up the group?

   a. Registration
   b. Reading plans
   c. Coffee hour
   d. Pre-conference meetings
   e. During the first session

8. What presentation methods will we use for each subject?

   a. Speaker
   b. Visuals
   c. Demonstration
   d. Skit
   e. Role playing
   f. Panel
   g. Symposium
   h. Stunt
   i. Other

9. Does the schedule -

   a. Allow breaks for questions at least once every couple of hours?
   b. Have variety?
   c. Have less than four presentations without a break?
   d. Avoid having "heavy subjects" after heavy meals?
   e. Present technical material in the morning or early afternoon?
   f. Have field trips?
   g. Allow for recovery from "recreation activities"?

10. Who is responsible for -

    a. Arranging planning committee meetings? When? Where?
    b. Preparing the agenda or docket?
    c. Recruiting the speakers and resource people?
    d. Running rehearsals?

    1) Technical?
    2) Actors and performers?
    3) Speakers?
  e. Preparing cue sheets?

11. What measurement devices, if any, will be used during the meeting?

  a. Post-meeting reaction forms
  b. Sample interviews
  c. End of meeting questionnaire
  d. End of meeting interview
  e. Other

12. Will the questions periods -

  a. Get out the representative questions?
  b. Meet the needs of the audience members?

13. What are the specific plans for helping the audience members to prepare to use the material from the meeting on their back-home jobs?

14. What plans do the meeting leaders have for follow-up after the meeting?

15. What printed materials are to be distributed during the meeting? When? How?

  a. Souvenir materials?
  b. Training materials?

Accepting these assumptions, a meeting planner needs to have:

1. An understanding of the factors that exist in all audiences, which must be considered and dealt with in order for a meeting to accomplish its purposes.

2. Skill in selecting the particular meeting methods and procedures which will accomplish the meeting's objectives.

3. Knowledge of how to get basic facts about the audience's needs and expectations in order to insure two-way communication.

4. Knowledge and skill in testing the effectiveness of the meeting, during and after the meeting.

There are six (6) practical planning principles necessary in setting up a meeting whose purpose is to develop learning or to change behavior, attitudes or action.

1. Define and clarify the objectives.

2. Collect data or facts on the audience's needs and expectations -

    a. before the meeting
    b. during the meeting
    c. after the meeting

3. Devise meeting procedures and presentation methods that will achieve the objectives, keeping in mind the audience's needs and expectations.

4. Involve the audience in the meeting through participation.

    a. before the meeting
    b. during the meeting

5. Evaluate the meeting.

6. Plan for follow-up as the meeting is planned.

This manual offers some guides to acquiring skills in the use of these principles to improve the effectiveness of meetings.

APPENDIX F

BUDGET CATEGORIES FOR CONFERENCES

I. Pre-conference and planning

- A. Administrative costs (overhead)
    1. Office expenses (rent-light, etc.)
    2. Communications (phone-telegrams)
    3. Postage and mailing
    4. Office supplies
    5. Printing and binding
- B. Administrative costs (personnel)
    1. Salaries
    2. Travel (for staff or committees) (May be per diem or actual expenses)
    3. Costs incidental to committee meetings (rental of rooms-stenos, etc.)

II. Conference Administrative Costs

- A. Overhead
    1. Rent, light, heat, janitor (includes rent of meeting rooms, chairs, tables, etc.)
    2. Rental or purchase of travel or office supplies
    3. Communications (Phones-telegrams)
    4. Printing and Mailing and binding
    5. Travel of things (supplies, documents)
- B. Personnel
    1. Travel and expense for staff
    2. Travel and expenses for resources
    3. Salaries of temporary help (stenos, janitors, custodial, security, technicicans)

III. Program Costs

- A. Salaries and fees
    1. Staff salaries
    2. Fees to speakers and/or consultants--where paid
- B. Visual and Audio Aids
- C. Materials for presentations (stage settings, etc.)
- D. Special decorations for program activities

E. Incidental costs (ex. buses) pertinent to program activities

F. Arrangements for meals (caterers, hotels, etc.)

IV. Exhibits and Decorations

A. Decorations

1. Drapes, painting, lighting, construction and dismantling

B. Exhibits

1. Costs of setting up and dismantling
2. Rental of space
3. Administration of exhibits (includes sales and administration-where exhibits sold)

V. Public Relations and publicity

Costs of photographers---printing, mailing-messenger service, etc.

VI. Post Conference

A. Administrative

1. Printing and binding
2. Mailing
3. Overhead

NAMES OF PLANNERS

HEALTH DISCIPLINE _____

APPENDIX G

KNOW-WHY AND KNOW-HOW SEMINAR ON CONTINUING EDUCATION

WORKSHOP SESSION

PLANNING OUTLINE

I NEED FOR PROGRAM

A. Identify three continuing education needs of your colleagues from the WICHE-MS/RMP Survey.

1.

2.

3.

B. Select one as the need for the educational program you are about to plan (circle your choice). What criteria were used in making your selection? List criteria below:

II GENERAL STATEMENT OF PURPOSE OF EDUCATIONAL PROGRAM

III LIST INSTRUCTIONAL OBJECTIVES	IV TEACHING METHODOLOGY - AGENDA OF PROGRAM ACTIVITIES

V METHOD OF EVALUATION

VI DUTIES OF PROGRAM COORDINATOR

VII BREAKDOWN OF BUDGET (ASSUME A TOTAL BUDGET OF $500)

APPENDIX II

CRITIQUE OF AN EDUCATIONAL PLAN

RATING FORM

Plan Prepared by:________M.D.__________D.D.S._______R.N.________P.T.______M.T.______R.T.______Hosp.

Birth Date of Rater:___________________

	CHECK ONE FOR EACH ITEM						
ITEM	EXCELLENT (7)	VERY GOOD (6)	GOOD (5)	UNDECIDED (4)	NOT SO GOOD (3)	FAIR (2)	POOR (1)
1. Rationale for selection of need							
2. Clarity of statement of purpose							
3. Specificity of instructional objectives							
4. Teaching method(s) for instructional objectives(s)							
5. Method(s) of evaluation							
6. Completeness of program coordinator's duties							
7. Allocation of budget							
8. Participation of target audience in planning program							
9. Expected impact on improving patient care							
SCORE__________ SUB TOTALS							

APPENDIX I

EDUCATIONAL PLANS

NAMES OF PLANNERS
Arlene Gentry
Peter Kure
Elizabeth Escobedo
Jerry Ressler

HEALTH DISCIPLINE X-Ray

KNOW-WHY AND KNOW-HOW
SEMINAR ON CONTINUING EDUCATION

WORKSHOP SESSION

PLANNING OUTLINE

I NEED FOR PROGRAM

A. Identify three continuing education needs of your colleagues from the WICHE-MS/RMP Survey.

1. Cerebral vascular accident

2. Cancer of breast

[✓ 3.] Radiologic protection patient and tech.

B. Select one as the need for the educational program you are about to plan (circle your choice). What criteria were used in making your selection? List criteria below:

Adverse publicity national magazine
Ralph Nader report
Public concern

II GENERAL STATEMENT OF PURPOSE OF EDUCATIONAL PROGRAM

To educate and review with hospital administrators and X-ray personnel all aspects to reduce unnecessary radiation to patients and personnel.

III LIST INSTRUCTIONAL OBJECTIVES	IV TEACHING METHODOLOGY - AGENDA OF PROGRAM ACTIVITIES
Knowledge of devices available. Analyze the knowledge of interdisciplinary elements regarding radiation protection. To practice application of hospital based continuing education regarding radiation protection.	Solicit hospital interest. Mail materials (questionnaire) to hospital admin. and supervisors of X-ray Dept. Evaluate response. Pre-test materials. Contact Mr. Dolenc, State Health Dept. Set up schedule at convenience of Mr. Dolenc and one of three available technologists. Arrange schedule - allow 4 days per trip. Upon arrival give purpose and pre-test. While Mr. Dolenc checks output of machine and checks scatter and filters, technologist (program coordinator) gives personnel opportunity for comments, questions, etc. Discuss potential risks. Show reduction in film costs thru use of accurate techniques, correct darkroom procedures, restraints, positioning, blocks, filtration, shields. Distribute pamphlets and use tapes. Feedback and reaction. Discussion - better patient care.

V METHOD OF EVALUATION Post Test

Reception of administrators and X-ray personnel.

VI DUTIES OF PROGRAM COORDINATOR

Guide and assist personnel.
Do not become authoritative figure.

VII BREAKDOWN OF BUDGET (ASSUME A TOTAL BUDGET OF $500)

I.	Postage and mailing	$ 6.00
	Office supplies	10.00
	Printing	15.00
II.	Rental of tape and tape recorder	10.00
III.	Staff - $25 per day - 8 days	200.00
	Audio aids - see #II	
	Mileage - 2,590 miles	259.00
		$500.00

NAMES OF PLANNERS
Ann Davis
Merle Harland
Evelyn Patrick
Ann Reilly
Barbara Sene
HEALTH DISCIPLINE Nursing

KNOW-WHY AND KNOW-HOW
SEMINAR ON CONTINUING EDUCATION

WORKSHOP SESSION

PLANNING OUTLINE

I NEED FOR PROGRAM

A. Identify three continuing education needs of your colleagues from the WICHE-MS/RMP Survey.

1. Congestive heart failure
2. Hypertensive Cardiovascular Disease

[✓ 3.] C. V. A.

B. Select one as the need for the educational program you are about to plan (circle your choice). What criteria were used in making your selection? List criteria below:

1. Satisfies needs of patient, public, practitioners and educators.
2. Term of extended care seems longest.
3. Involves more disciplines.
4. Potential for prevention of disabilities.
5. Potential for minimizing economic loss.
6. Finance available to support education pertaining to this program. (Heart, Cancer and Stroke)

II GENERAL STATEMENT OF PURPOSE OF EDUCATIONAL PROGRAM

Update understandings and skills necessary to provide high quality treatment to CVA victims.

Target Group:

1. Nursing
2. Physicians
3. Physical therapy personnel
4. Dietary personnel
5. Speech therapy personnel
6. Patients
7. Families
8. Social workers
9. Mental health personnel
10. Interested volunteers

III LIST INSTRUCTIONAL OBJECTIVES	IV TEACHING METHODOLOGY - AGENDA OF PROGRAM ACTIVITIES Short term training course
1. Assess participants levels of understandings and skills pertaining to CVA.	1. Pretest.
2. Provide situations in which participants can determine their own learning needs.	2. Descriptions of needs as seen by (a) patients, (b) families, (c) treatment teams.
3. Provide learning opportunities where participants can intellectually bridge the gap between their present levels of understandings and skills and recent advances in treatment.	3. Demonstrations and explanations by experts.
4. Engage in discussion to validate new understandings.	4. Small group sessions.
5. Return demonstration of skills.	5. Small group for practice of skills with expert available. (Use patients when available and peers when necessary)

V METHOD OF EVALUATION

Pre and post conference administration of participant evaluation check list to target group.

VI DUTIES OF PROGRAM COORDINATOR

1. Obtain expert consultation (from community).
2. Compile list of potential participants.
3. Solicit volunteer help of target group representative in program planning and development of check list.
4. Negotiate physical facilities with volunteer resource.
5. Obtain publicity with news media regarding date of and purpose of workshop.
6. Finalize list of participants.
7. Administer check list - pre conference.
8. Analyze data.
9. Develop pretest.
10. Assemble participants.
11. Present short term training course.
12. Post conference administration of check list.
13. Analyze data.
14. Share findings with target group and community.

VII BREAKDOWN OF BUDGET (ASSUME A TOTAL BUDGET OF $500)

1. Experts fee	$150
Help develop pre-test	
Present portion of program	
2. Printing - Done by Hospital	
3. Mailing - without charge by local congressman	
4. Data analysis	$ 50
5. Fee for coordinator	$300

NAMES OF PLANNERS
Warren Hickman, D.D.S.
Bill O'Keefe, D.D.S.
Rod Chisholm, D.D.S.
Bruce Whiting, D.D.S.

HEALTH DISCIPLINE Dentistry

KNOW-WHY AND KNOW-HOW SEMINAR ON CONTINUING EDUCATION

WORKSHOP SESSION

PLANNING OUTLINE

I NEED FOR PROGRAM

A. Identify three continuing education needs of your colleagues from the WICHE-MS/RMP Survey.

[✓ 1.] Preventive Dentistry

2. Operative techniques

3. Oral Cancer

B. Select one as the need for the educational program you are about to plan (circle your choice). What criteria were used in making your selection? List criteria below:

1. Interest of practitioners and patients
2. Lack of formal training
3. Recent empirical developments
4. Ethical public health responsibility

II GENERAL STATEMENT OF PURPOSE OF EDUCATIONAL PROGRAM

To provide practitioners of the county with relevant methods, rationale, and ideals of preventive dentistry.

III LIST INSTRUCTIONAL OBJECTIVES	IV TEACHING METHODOLOGY - AGENDA OF PROGRAM ACTIVITIES
Enable practitioners to grasp the feasibility of eliminating oral disease. Gain a working knowledge of caries control and periodontal control. Analyze ways of patient motivation. Actual practice in various methods of effective oral physiotherapy.	Presentation of problem, challenge, and goal presentation. Formal imparting of knowledge through lecture and slides. Demonstration via closed circuit T.V. Group participation in own oral physiotherapy. Reactor panel to subject. Summary.

V METHOD OF EVALUATION

1. Coordinators analysis of group discussion.
2. Brief written critique.
3. Follow-up reactor panel at next meeting.

VI DUTIES OF PROGRAM COORDINATOR

1. From V. 3 plan program
2. Obtain suitable clinician
3. Arrange
    a. Site
    b. Audio-visual aids
    c. Publicity
    d. Registration
    e. Travel and meals

VII BREAKDOWN OF BUDGET (ASSUME A TOTAL BUDGET OF $500)

Pre			
I.	A. Administrative Costs	$ 10.00	overhead
	B.	10.00	personnel
Conference			
II.	A. Overhead	80.00	
	B. Personnel	100.00	
III.	Program		
	A. Stipend	200.00	
	B. A.V. aids	25.00	
	C. Meal	50.00	
IV.	Public Relations	25.00	

NAMES OF PLANNERS
Donna Haman
Jim Wirtz
Margaret Smith

HEALTH DISCIPLINE M.T.s

KNOW-WHY AND KNOW-HOW
SEMINAR ON CONTINUING EDUCATION

WORKSHOP SESSION

PLANNING OUTLINE

I NEED FOR PROGRAM

A. Identify three continuing education needs of your colleagues from the WICHE-MS/RMP Survey.

1. Recent advancement in Hematology
2. Interdepartmental relationship between ICU and laboratories

[✓ 3.] Clinical laboratory evaluation of heart disease

B. Select one as the need for the educational program you are about to plan (circle your choice). What criteria were used in making your selection? List criteria below:

1. Area of mutual concern with the patient, physician and laboratory.
2. Need of theory of procedures.

II GENERAL STATEMENT OF PURPOSE OF EDUCATIONAL PROGRAM

Standardize and evaluate the quality of laboratory results.

III LIST INSTRUCTIONAL OBJECTIVES Content - Behavior	IV TEACHING METHODOLOGY - AGENDA OF PROGRAM ACTIVITIES How you would present program to colleagues
1. Knowledge of the theory of procedures. 2. Knowledge of the various procedures. 3. Practical application of the various procedures. 4. Analyzing the procedures individual situations. 5. Accept a change in the attitudes for evaluating newer procedures.	9:00 a.m. - Noon - Audiovisual aids with speaker Noon - 1 p.m. - Luncheon 1 p.m. - 5 p.m. - Workshops 6 p.m. - ? - Dinner Meeting Group discussion for analysis of individual situations. Critical evaluation of program by participants.

V METHOD OF EVALUATION

Hand out sheet on evaluation of program by participants and suggestions for future meetings.

VI DUTIES OF PROGRAM COORDINATOR

1. Contact faculty and participants.
2. Be program moderator.
3. Summation of group discussion.
4. Follow-up with evaluation immediately and in six months.

VII BREAKDOWN OF BUDGET (ASSUME A TOTAL BUDGET OF $500)

I. Pre-conference and Planning
  A. Administrative costs (overhead)
    1. Communications (telephone - telegrams)
$50 2. Postage and mailing
    3. Office supplies

II. Conference Administrative Costs
  A. Overhead
$30 1. Rent of meeting rooms, chairs, tables, etc.

	III. Program Costs
	A. Salaries and fees
$300	1. Fees to speakers and/or consultants (travel, lodging, meals, honorarium)
$60	B. Visual and audio aids
$30	C. Arrangement for meals, luncheon and 2 coffee breaks
	IV. Public Relations and Publicity
$5	Cost of photographers
	V. Post Conference
	A. Administrative
$25	1. Mailing
	2. Postage
$500	

NAMES OF PLANNERS
Alvin Finneseth
Robert Groff
Paul Vencill

HEALTH DISCIPLINE Hosp. Admin.

KNOW-WHY AND KNOW-HOW
SEMINAR ON CONTINUING EDUCATION

WORKSHOP SESSION

PLANNING OUTLINE

I NEED FOR PROGRAM

A. Identify three continuing education needs of your colleagues from the WICHE-MS/RMP Survey.

[✓ 1.] Personnel management - (Area of labor relations)

2. Business management

3. Budgeting

B. Select one as the need for the educational program you are about to plan (circle your choice). What criteria were used in making your selection? List criteria below:

1. Highest percentage of administrators responding to MS/RMP Survey indicated "Personnel Management" information most needed.

2. Recent legislation in wage and hour and labor relations.

3. Nation-wide union activity in hospitals.

4. Drafts of proposed legislation for 1970 Wyoming legislators must be on Governor's docket by June 1, 1970.

II GENERAL STATEMENT OF PURPOSE OF EDUCATIONAL PROGRAM

To gain knowledge on changing legislation, labor attitudes and laws.

III LIST INSTRUCTIONAL OBJECTIVES	IV TEACHING METHODOLOGY - AGENDA OF PROGRAM ACTIVITIES
1. Knowledge and compliance with federal and state labor laws. 2. Knowledge of history and reasons for labor unrest.	1. Intro of speakers 2. Actual problems in: a) Wage and hour b) Labor relations by Pre-selected panel of hospital administrators 3. Recent changes in Wage and hour — Lecture by lawyer in labor relations 4. Group discussion Lunch --------- 5. History of labor unions Causes of labor unrest Trends in unions by Lecture by lawyer in labor relations 6. Group participation and reaction to #5 7. Possible legislation by Panel Wyoming Hospital Assoc. Legis. Committee

V METHOD OF EVALUATION

1. Compliance (by individual hospitals) to federal and state labor laws, e.g. no problems with surveys by LRB.

2. Drafting of legislation.

VI DUTIES OF PROGRAM COORDINATOR

1. Coordinator must be member of Wyo. Hospital Association Legislation Committee.

2. Selects:

   a) local site (convention room or auditorium of hospital)
   b) authorities, (2) lawyers in labor relation-management
   c) arrange speakers transportation and lodging

3. Send notices to all association members.

4. Send follow-up summary to all participants.

VII BREAKDOWN OF BUDGET (ASSUME A TOTAL BUDGET OF $500)

1. $150.00 - Air transportation - 2 speakers

2. $100.00 - $50.00 to @ speaker

3. $150.00 - Dinner all participants

4. $100.00 - Motel 2 speakers, their meals, coffee for all participants during day

NAMES OF PLANNERS
Dennis Netser
Reed Pedrick

HEALTH DISCIPLINE P.T.s

KNOW-WHY AND KNOW-HOW
SEMINAR ON CONTINUING EDUCATION

WORKSHOP SESSION

PLANNING OUTLINE

I NEED FOR PROGRAM

A. Identify three continuing education needs of your colleagues from the WICHE-MS/RMP Survey.

[✓ 1.] Stroke rehabilitation

2. Cerebral vascular accident

3. Peripheral vascular disease

B. Select one as the need for the educational program you are about to plan (circle your choice). What criteria were used in making your selection? List criteria below:

1. Primary source is clinical practitioner
   Secondary source is patient

2. 93.4% Wyoming P.T.s expressed need - overall region 89.3%
   Region Rank #1 clinical condition.

II GENERAL STATEMENT OF PURPOSE OF EDUCATIONAL PROGRAM

To bypass the barriers of adult learning in order to meet the need of priority - stroke rehabilitation.

III LIST INSTRUCTIONAL OBJECTIVES	IV TEACHING METHODOLOGY - AGENDA OF PROGRAM ACTIVITIES
1. Active participation of therapist actually handling patient under supervision of instructor. 2. All therapists would not learn at same speed and under same circumstances. 3. Instructor needs to know if therapist is participating correctly. 4. There is need for practice as skills can be forgotten. 5. Therapists talk about it in an informal way to really feel out problems.	1. Instructor introduces content of problem: a) total well being of patient 2. Process of introducing new data and exploring new skills and knowledge. 3. Dealing with the personalities of patient - therapist relationship.

V METHOD OF EVALUATION

1. Individual clinical performance under a certain amount of time.
2. Growing analysis through open discussion.

VI DUTIES OF PROGRAM COORDINATOR

1. Recognition of the sources of need by establishing a priority of the need.
2. To provide an instructor to fulfill instructional objectives.
3. Provide setting for carrying out teaching-learning methods.
    a. geographical location
    b. suitable atmosphere
    c. time schedule
4. Determine follow-up evaluation after suitable time lapse.
5. Determine costs for budget approval.

VII BREAKDOWN OF BUDGET (ASSUME A TOTAL BUDGET OF $500)

I.	Pre-conference and planning	
	a. administrative overhead	$ 26
	b. administrative personnel	16
II.	Conference administrative cost as held in hospital setting	none
III.	Program	
	Speaker - fees, transportation, lodging, meals	240
	Visual and audio aids	74
	Incidentals	14
IV.	Public relations	10
	Newspaper	
V.	Post conference	20
		$500

NAMES OF PLANNERS

Chris Ghicadus, M.D.

HEALTH DISCIPLINE M.D.s

KNOW-WHY AND KNOW-HOW
SEMINAR ON CONTINUING EDUCATION

WORKSHOP SESSION

PLANNING OUTLINE

I NEED FOR PROGRAM

A. Identify three continuing education needs of your colleagues from the WICHE-MS/RMP Survey.

1. Stroke Rehabilitation
2. Peripheral vascular disease

[✓ 3.] (Not identified in Survey) To gain knowledge of dynamics of psychoneurotic patients.

B. Select one as the need for the educational program you are about to plan (circle your choice). What criteria were used in making your selection? List criteria below:

1. Approximately 50% of patients fit in this category (in average medical practice).
2. As opposed to other disciplines I have been taught in, I have not, for practical purposes, received any training to handle these problems.
3. I recognize this as a significant deficiency in my knowledge and feel I must represent at least a segment of physician response.

II GENERAL STATEMENT OF PURPOSE OF EDUCATIONAL PROGRAM

To aid physician in gaining increased understanding of psychodynamics (human behavior)

To help the doctor understand himself and his reactions to a patient in this "non-disease" orientation.

To aid perhaps in development of more appropriate interview techniques.

III LIST INSTRUCTIONAL OBJECTIVES content-behavior	IV TEACHING METHODOLOGY - AGENDA OF PROGRAM ACTIVITIES
To gain knowledge of psychodynamics in a patient. To recognize deficiencies in one's capabilities to deal with these problems. To accept the critical appraisal from the "teacher" of one's errors in evaluation. To explore with help of psychiatrist where the doctor may have blocks or "hangups". To hopefully replace the fears or "hangups" by a confident appraisal method.	Group Session - Small group, self-directed, well motivated doctors guided by a psychiatrist, preferably. Presentation of patients records with summation of both conscious and subconscious responses of doctor to patient. (irritation, hostility, etc.) Assessment of problem by psychiatrist. Assessment of doctors reaction to the problem and to the patient.

V METHOD OF EVALUATION - None, perhaps

If maybe only the evaluation of a happier, more confident, less frustrated physician.

VI DUTIES OF PROGRAM COORDINATOR

To select doctors that evidence motivation to want to undergo this type of learning.

To organize this as an ongoing "seminar" if successful for a suitable period of time.

To find a comfortable area for meeting, one conducive to a "sensitivity like" atmosphere.

A post-seminar critique or evaluation of moderator and/or self evaluation.

VII BREAKDOWN OF BUDGET (ASSUME A TOTAL BUDGET OF $500)

Our moderator - psychiatrist might do this gratis but at an honorarium figure of $25.00 for a 2-hour session once a month this program could go on 20 months.

55:5L:770:GD:WICHE:PP:2D32
0821539061065000:
5L:671:WICHE:JoP:2D32